



For further information on the completion of the COSHH Assessment Form, please refer to the associated Guidance Notes, hazard/safety data sheets, product labels and any other relevant source of information such as pharmaceutical COSHH folder

1.	HOSPITAL / FACILITY	BHSCT	DEPT/WARD	A BLOCK	COSHH INVENTORY NO.	4
2.	<b>BRIEF DESCRIPTION OF ACTIVITY/ PROCESS BEING ASSESSED</b>					
	Use of buffered formaldehyde 10% to preserve tissue specimens in theatre.					
3.	<b>SUBSTANCE(S) AS TRADE NAMES:</b>		Buffered formaldehyde solution	<b>DATE OF LATEST DATA SHEET</b>		26.04.2016
4.	<b>CAN YOU ELIMINATE THIS SUBSTANCE / PRODUCT OR PROCESS?</b>					NO
	<b>CAN YOU SUBSTITUTE THIS SUBSTANCE / PRODUCT OR PROCESS WITH A SAFER ALTERNATIVE? IF YES, PROVIDE DETAILS:</b>					NO
5.	<b>SUBSTANCES TO WHICH STAFF ARE EXPOSED IN CONNECTION WITH THE WORK ACTIVITY (All substances to be entered on the Substance Sheet in Table 1)</b>					
6.	<b>COSHH PHARMACY REFERENCE GROUP (if applicable)</b>					N/A
7.	<b>PERSONS WHO COULD BE EXPOSED AND HOW</b>					
	All staff handling solution in theatre. Could be exposed through skin contact and splashing.					
8.	<b>FREQUENCY AND DURATION OF USE OF PRODUCT/ SUBSTANCE</b>					
	Every time a specimen is taken and preserved in formaldehyde.					
9.	<b>PHYSICAL FORM (Tick Options)</b>			<b>10. ROUTES OF EXPOSURE (Tick Options)</b>		
	Solid <input type="checkbox"/>	Dust <input type="checkbox"/>	Other (Specify) _____	Inhalation <input checked="" type="checkbox"/>	Contact with Eyes <input checked="" type="checkbox"/>	
	Liquid <input checked="" type="checkbox"/>	Vapour <input type="checkbox"/>	_____	Skin absorption <input checked="" type="checkbox"/>	Injection <input type="checkbox"/>	
	Gas <input type="checkbox"/>	Fumes <input type="checkbox"/>	_____	Ingestion <input checked="" type="checkbox"/>	Other (specify) _____	
11.	<b>POTENTIAL HEALTH EFFECTS</b>					
	Eyes- health injuries are not known or expected under normal use.					
	Skin- harmful in contact with skin. May cause sensitisation by skin contact.					
	Ingestion- harmful if swallowed.					
	Inhalation- harmful by inhalation.					
	Chronic exposure- once sensitized, a severe allergic reaction may occur when subsequently exposed to very low levels.					

12. **EXISTING CONTROL MEASURES (eg ventilation, safe systems of work, training, maintenance testing, emergency spillage procedures etc)**  
 Stored in a locked cupboard. O<sup>2</sup>- 25°C. PPE- wear gloves and fluid resistant mask and eye protection when handling. Only used in well ventilated areas. Container kept tightly closed when not in use.  
 In house training and part of induction of new staff  
 Spillage- dilute with plenty of water. Absorb with paper towels and place in clinical waste.

13. **DETAILS OF OCCUPATIONAL EXPOSURE MONITORING UNDERTAKEN (if applicable)**  
 none

14. **DETAILS OF HEALTH SURVEILLANCE UNDERTAKEN (if applicable)**  
 none

15. **HOW IS THE SUBSTANCE BEING DISPOSED OF?**  
 Used to preserve specimens and sent to lab. Empty container disposed of in pharmaceutical waste purple lid container

16. **INFORMATION, INSTRUCTION & TRAINING**  
 In house training on handling, PPE and first aid measures.

17. **LOCAL EXHAUST VENTILATION (LEV)/ SAFETY CABINETS/ FUME CUPBOARDS**  
 Is LEV/ safety cabinet/ fume cupboard in use as a control? NO  
 Has it been inspected and passed as suitable for the task by a competent person? NO  
 Detail any additional maintenance/ weekly checks undertaken? none

18. <b>ESTIMATED RISK TO HEALTH (Likelihood x Severity= Risk Rating)</b>	<b>LIKELIHOOD</b> 2	<b>SEVERITY/CONSEQUENCE</b> 2	<b>RISK RATING</b> LOW
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19. **RECOMMENDATIONS/ACTION REQUIRED – CONSULT RELEVANT SOURCES OF INFORMATION FOR GUIDANCE - (e.g. elimination, substitution of product, relocate the work activity, introduce LEV, enclose process, improve general ventilation, development of safe systems of work, reduce the number of employees exposed, training requirements, provision of information/guidance to staff and provision of personal protective equipment, etc)**

RECOMMENDED REMEDIAL ACTION	DATE TO BE COMPLETED	PERSON CO-ORDINATING IMPLEMENTATION OF REMEDIAL ACTION	DATE COMPLETED
Inform all staff of new safety data sheet available on the shared drive.			
Reminder of PPE when handling. To wear fluid resistant mask and visor as well as gloves.			

20. <b>REVISED RISK RATING (Likelihood x Severity= Risk Rating)</b>	<b>LIKELIHOOD</b> 2	<b>SEVERITY / CONSEQUENCE</b> 2	<b>RISK RATING</b> LOW
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21. <b>NAME OF COSHH ASSESSOR(S)</b>	<b>DATE COSHH ASSESSMENT COMPLETED</b>	<b>SIGNATURE</b>	<b>DATE COSHH ASSESSOR TRAINED</b>
			?

22. <b>NAME OF LINE MANAGER</b>	<b>SIGNATURE</b>	<b>DATE</b>
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**23. CIRCULATION** (Please tick as applicable)Staff: (Available to all staff)  Manager/supervisor:  Other (Specify):**24. REVIEW OF ASSESSMENT** (see attached review sheet for details)



Revised

**Table 1- Substance Sheet**  
**Substances to which staff are exposed in connection with the work activity**  
 (Refer to Guidance Notes to assist you when completing this section.)

5A) HAZARDOUS COMPONENTS OF SUBSTANCE & SUBSTANCE(S) PRODUCED WHEN USING PRODUCT	5B) HAZARD STATEMENT(S)	5C) WORKPLACE EXPOSURE LIMITS (WEL'S) (If applicable)	5D) DNELs (If applicable)	5E) DMELs (If applicable)	5F) PNECs (If applicable)	5G) OTHER COMMENTS (eg SK, Sen, Carc, Bmgv- Refer to EH40)
Formaldehyde. R40, R43. Carcinogen cat. 3	H351 – suspected of causing cancer	2ppm 8 hours 2.5mg/m3 8 hours				
	H331+H311+H301 – toxic if inhaled, in contact with skin or if swallowed	2ppm 15 minutes 2.5mg/m3 15minutes				
Methanol. R11(highly flammable)	H317 – may cause allergic skin reaction	200ppm 8 hours 266mg/m3 8 hours				
	H225 – highly flammable liquid and vapour	250ppm 15 minutes 333mg/m3 15 minutes				

**5H) HAZARD CLASSIFICATION (Tick the applicable Hazard Classification(s))**

Details of Hazard Classification(s) are detailed in Safety Data Sheets Section 2,3 and 15 and COSHH Guidance Notes (Available on the Hub)

								
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