



Appendix 4 COSHH RISK ASSESSMENT FORM

Control of Substances Hazardous to Health Regulations (N.I.) 2003 as amended 2005

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	RBSH Theatre	COSHH INVENTORY NO.	
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2. BRIEF DESCRIPTION OF ACTIVITY/ PROCESS BEING ASSESSED

Use of buffered formaldehyde 10% to preserve tissue specimens in Theatre

3.	SUBSTANCE(S) AS TRADE NAMES:	Buffered formaldehyde solution	DATE OF LATEST DATA SHEET	
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4.	CAN YOU ELIMINATE THIS SUBSTANCE / PRODUCT OR PROCESS?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	CAN YOU SUBSTITUTE THIS SUBSTANCE / PRODUCT OR PROCESS WITH A SAFER ALTERNATIVE? IF YES, PROVIDE DETAILS:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

5. SUBSTANCES TO WHICH STAFF ARE EXPOSED IN CONNECTION WITH THE WORK ACTIVITY
(All substances to be entered on the Substance Sheet in Table 1)

6.	COSHH PHARMACY REFERENCE GROUP (if applicable)	N/A
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7. PERSONS WHO COULD BE EXPOSED AND HOW

All staff handling solution in Theatre. could be exposed through skin contact or splashing

8. FREQUENCY AND DURATION OF USE OF PRODUCT/ SUBSTANCE

Everytime a specimen is taken and preserved in formaldehyde

9.	PHYSICAL FORM (Tick Options)	10. ROUTES OF EXPOSURE (Tick Options)
Solid <input type="checkbox"/> Dust <input type="checkbox"/> Other (Specify) _____ Liquid <input checked="" type="checkbox"/> Vapour <input type="checkbox"/> _____ Gas <input type="checkbox"/> Fumes <input type="checkbox"/> _____	Inhalation <input checked="" type="checkbox"/> Contact with Eyes <input checked="" type="checkbox"/> Skin absorption <input checked="" type="checkbox"/> Injection <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Other (specify) _____	

11. POTENTIAL HEALTH EFFECTS

EYES - health injuries are not known or expected with normal use.
 SKIN - harmful in contact with skin. May cause sensitisation by skin contact.
 Ingestion - harmful if swallowed.
 Inhalation - harmful by inhalation.
 Chronic exposure - eye 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. @ 25°C. PPE - The use of glasses & a mask with eye protection when handling. only used in well ventilated areas. Containers kept tightly closed when not in use. Inhouse training as part of induction.
 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 - No exposure monitoring in place at present.

14. **DETAILS OF HEALTH SURVEILLANCE UNDERTAKEN (if applicable)**
 NONE - There is no exposure monitoring in place. COSHH Mandatory training to be kept up to date by all staff.

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

16. **INFORMATION, INSTRUCTION & TRAINING**
 In house training on handling, PPE and first aid measures stored on locked cupboard. Key only accessible to nursing staff.

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

18. **ESTIMATED RISK TO HEALTH (Likelihood x Severity= Risk Rating)**

LIKELIHOOD	SEVERITY/CONSEQUENCE	RISK RATING
2	2	Low

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 available on the lab.			
Reminder of PPE when handling at all times			

20. **REVISED RISK RATING (Likelihood x Severity= Risk Rating)**

LIKELIHOOD	SEVERITY/ CONSEQUENCE	RISK RATING
2	2	Low

21. **NAME OF COSHH ASSESSOR(S)** **DATE COSHH ASSESSMENT COMPLETED** **SIGNATURE** **DATE COSHH ASSESSOR TRAINED**

22. **NAME OF LINE MANAGER** **SIGNATURE** **DATE**

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)**

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.	H351 - Suspected of causing cancer	2 ppm 8 hours 2.5 mg/m3 8 hours				
Lacquer agent Cat 3	H331 + H311 + H302 - toxic if inhaled, in contact with skin or if swallowed	2 ppm 15 minutes 2.5 mg/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)

								