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| --- | --- | --- |
|  | **COSHH Risk Assessment No: 00****Product Name: Liquid Bleach** |  |
| Company name: **Various Suppliers** | Dept. (if applicable): N/A |
| Describe the activity or work process.*(Inc. how long/ how often this is carried out and quantity substance used)* | **Used as a cleaning agent** |
| Location of process being carried out? | **Kitchens/Toilets**  |
| Identify the persons at risk: | Employees**X** | Sub-contractors  | Public |
| Name the substance involved in the process and its manufacturer.*(A copy of a current safety data sheet is attached to this assessment)* | **Various Suppliers** |
| Classification *(state the category of danger)* |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GHS-pictogram-explos.svg |  | Explosive | GHS-pictogram-flamme.svg |  | Flammable | GHS-pictogram-rondflam.svg |  | Oxidising |
| GHS-pictogram-bottle.svg |  | Gas under pressure | GHS-pictogram-acid.svg | **X** | Corrosive |  |  | Acute Toxic |
| GHS-pictogram-exclam.svg | **X** | Harmful / Irritant / Skin Sensitiser | Image result for new explosive COSHH hazard warning sign |  | Carcinogen / Germ Cell Mutagen / Reproductive Toxin | GHS-pictogram-pollu.svg | **X** | Hazardous to the Aquatic Environment |

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| Hazard Type |
| **X****X****X**  Gas Vapour Mist Fume Dust Liquid Solid Other (State) |
| Route of Exposure**X****X** |
| **X****X** Inhalation Skin Eyes Ingestion Other (State)  |
| Workplace Exposure Limits (WELs) *please indicate n/a where not applicable* |
| Long-term exposure level (8hrTWA): **Sodium Hypochlorite 1.5 mg/m3** | Short-term exposure level (15 mins): |
| State the Risks to Health from Identified Hazards |
| **EC Classification:** **R31** Contact with acids liberates toxic gas. **S1/2** Keep locked up and out of the reach of children. **S24/25** Avoid contact with skin and eyes. **S46** If swallowed, seek medical advice immediately and show this container or label. S50 Do not mix with acid**H314** Causes severe skin burns and eye damage. **H400** Very toxic to aquatic life. |
| Control Measures: |
| Use in well ventilated areas |
| Is health surveillance or monitoring required?**X** Yes **No**  |
| Personal Protective Equipment*(state type and standard)* |
| Dust mask |  | Visor |  |
| **X**Respirator |  | Goggles | If there is a risk of splashing, wear eye protection |
| Gloves | Use protective gloves. | Overalls |  |
| **X**Footwear |  | Other |  |
| First Aid Measures |
| **Inhalation:**Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing**Skin:** Wash with plenty of water.**Eyes:** Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention if any discomfort continues.**Ingestion:** Do not induce vomiting. Give plenty of water to drink. Get medical attention if any discomfort continues. |
| Storage |
| **Storage:** Store at moderate temperatures in dry, well ventilated area |
| Disposal of Substances & Contaminated Containers |
|  **X****Hazardous Waste** Skip Return to Depot Return to Supplier Other(If Other Please State): |
|  |
| Is exposure adequately controlled?  | **X** **Yes** No |
| **Risk Rating Following Control Measures** |
| **X**HighMedium **Low** |

Assessed by: **Pete Reynolds** Date: Review Date: