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|  | **COSHH Risk Assessment No: 010**  **Product Name: Harpic Power Plus** | | | | | | | | | | |  |
| Company name: **Reckitt Benckiser** | | | | | | | | 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? | | | **All areas** | | | | | | | | | |
| 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)* | | | | **Harpic Power Plus**  **Reckitt Benckiser Wellcroft House Wellcroft Road Slough, Berkshire SL1 4AQ Tel 0845 769 7079** | | | | | | | | |
| Classification *(state the category of danger)* | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 |  | 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 | | | | | | | | | | | | | |
| Hazard Type | | | | | | | | | | | | |
| **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 hydroxide** 2mg/m3  **Formic acid** 5ppm 9.4mg/m3 | | | | | | | Short-term exposure level (15 mins):  **Sodium hydroxide**  **Formic acid** 10ppm 19mg/m3 | | | | | |
| State the Risks to Health from Identified Hazards | | | | | | | | | | | | |
| **EC Classification:**  **R36/38** Irritating to eyes and skin  **S2** Keep out of the reach of children **S24/25** Avoid contact with skin and eyes. **S26** In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. **S28** After contact with skin, wash immediately with plenty of water. **S35** This material and its container must be disposed of in a safe way **S46** If swallowed, seek medical advice immediately and show this container or label. **S50** Do not mix with drain cleaners and bleach products. **S51** Use only in well ventilated areas | | | | | | | | | | | | |
| 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 | | | |  | | |
| Respirator | |  | | | | Goggles | | | |  | | |
| Gloves | | Gloves must be worn | | | | 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:**  Avoid contact with skin and eyes. Avoid breathing vapour.  Storage Store in a cool dry area out of direct sunlight. | | | | | | | | | | | | |
| 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: