COSHH Assessment Form

Complete one form for each hazardous substance or dust-producing task before work starts. Use the product label and safety data sheet (SDS), and adapt the controls to the actual site conditions.

1. Assessment details

Company name		**Assessment date**	
Site location		**Assessor's name**	
Task or activity		**Assessment ref**	

2. Substance information

Product or substance *Include dust or fumes created by the work, e.g. silica dust*	
Manufacturer or supplier	
Safety data sheet checked	☐ Yes ☐ No
Hazardous properties *From SDS / label, e.g. irritant, sensitiser, carcinogen*	
Workplace exposure limit (WEL) *Check HSE EH40*	☐ Yes, WEL applies: _____ ☐ No WEL
Quantity used and how often	

3. Exposure and health risk

Who may be exposed? *Users, other trades, supervisors, visitors*	
How can exposure happen?	☐ Inhalation ☐ Skin ☐ Eyes ☐ Ingestion ☐ Injection
Duration and frequency of exposure	
Possible health effects	
Risk level (before controls)	☐ Low ☐ Medium ☐ High

4. Control measures (follow the hierarchy of control)

Control level	Existing controls	Additional controls required
Elimination *Can the substance or task be removed?*		
Substitution *Safer product or method?*		
Engineering *Extraction, water suppression, LEV, ventilation*		
Administrative *Restricted access, reduced time, procedures*		

5. PPE and RPE

PPE required	☐ Gloves (type: _____) ☐ Eye protection ☐ Overalls ☐ Boots
RPE required *Type and protection factor*	
Face-fit test required *For tight-fitting masks*	☐ Yes ☐ No ☐ N/A
LEV thorough examination *Required at least every 14 months*	☐ In date ☐ Due ☐ N/A

6. Health surveillance, monitoring and training

Health surveillance required	☐ Yes ☐ No ☐ To be confirmed
Type of surveillance *e.g. skin checks, breathing questionnaire, lung function*	
Exposure monitoring required	☐ Yes ☐ No
Training and information provided	

7. Storage, emergencies and waste

Storage arrangements	
Emergency and spill procedures	
First aid measures *From SDS section 4*	
Waste disposal method	

8. Assessment outcome and review

Risk level (after controls)	☐ Low ☐ Medium ☐ High
Responsible person	
Review date	
Review triggers	☐ New product or substance ☐ Method or equipment change ☐ Controls not working ☐ Health concerns reported ☐ Incident or near miss

9. Worker briefing record (I have read and understood this assessment)

Worker name	Signature	Date	Worker name	Signature	Date

10. Sign-off

Assessor signature		**Date**	
Site Manager approval		**Date**	

Important: this is a template, not a completed COSHH assessment. It must be adapted to the actual substance, task, site conditions and level of risk to be suitable and sufficient. Employers with five or more employees must record the significant findings. Asbestos and lead are covered by their own regulations (Control of Asbestos Regulations 2012; Control of Lead at Work Regulations 2002). Legal basis: Control of Substances Hazardous to Health Regulations 2002, regs 6, 7, 9, 10, 11 and 12. Further guidance: hse.gov.uk/coshh.