



COSHH Assessment Request Form

Your Name:	Mathew Postlethwaite	Phone No/Email:	07850756824/mathew@co nnaughtfacilities.co.uk		Date:	09/06/2021	Where do you work in OCS?	
Trade Name:	Safewash Uk							
Supplier/Manufacturer Name:	Safewash Uk							
Supplier/Manufacturer Phone No:	01253 547706							
Type of substance: e.g. Cleaner/Adhesive/Detergent/Paint	Cleaner							
Method of application e.g. Mopping/Aerosol/Brushing/Trigger spray	Spray/Pole/Brush							
Number of people exposed to substance during application:	1 x <input type="checkbox"/>	2 to 5 <input type="checkbox"/>	6 to 10 <input type="checkbox"/>	>10 <input type="checkbox"/>				
In what form is the substance used?	Concentrated <input type="checkbox"/>	Further Diluted <input type="checkbox"/>	Ready to Use (pre-diluted) <input type="checkbox"/>	Other (please explain) Supplied Concentrated, applicator to dilute to required dosage.				
If substance is further diluted provide dilution rates for each method of application e.g. bucket 1:20; trigger spray 1:10	This product can be diluted up to 30:1	The dilution rate depends on the contamination of the surface.	The heavier contamination areas require a strong dilution of 12:1.					
Is the substance being used outside the normal temperature range?	Yes: <input type="checkbox"/> No: x <input type="checkbox"/>							
Where is this substance being used?	Inside, well ventilated <input type="checkbox"/>	Outside x <input type="checkbox"/>	Inside, poorly ventilated <input type="checkbox"/>	Confined space <input type="checkbox"/>				
Length of exposure per shift:	<5mins <input type="checkbox"/>	Up to 0.5hr <input type="checkbox"/>	0.5 - 2hrs <input type="checkbox"/>	2-4hrs <input type="checkbox"/>	4-8hrs <input type="checkbox"/>	>8 hrs x <input type="checkbox"/>		
Frequency of use:	Daily x <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>				
Quantity of material/product used in one (1) day:								
Are susceptible workers exposed?	Vulnerable <input type="checkbox"/>	Young <input type="checkbox"/>	Pregnant <input type="checkbox"/>					
Are there others at risk from indirect exposure?	Yes: <input type="checkbox"/> No: x <input type="checkbox"/> If yes, details please							



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Is supervision of workers considered necessary to minimise hazardous exposure?

Yes: No: x

PLEASE ENSURE ALL SECTIONS OF THE FORM ARE FULLY COMPLETED AND PROVIDE ADDITIONAL INFORMATION BELOW

Further Information

Additional work practices/information

This product has no adverse effects to any living organism or material with the exception of the target matter of green algae, red algae, moss and lichen.

Existing controls information

Use safety glasses to protect from spray back, if there is contact with eyes please rinse thoroughly, they will be no adverse effects.

Note: For new products, materials or substances please include the Material Safety Data Sheet (MSDS) that is no more than 5 years old.
***Please ensure that your request has been approved by your Operations Director and/or Head of Service then email your completed form and associated MSDS to the relevant HSQE Advisor.**