**Diesel COSHH Assessment Form**

**Substance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAZARD IDENTIFICATION**

**☐ Flammable ☐ Toxic ☐ Carcinogenic ☐ Environmental Hazard ☐ Harmful**

**EXPOSURE ROUTES**

**☐ Inhalation ☐ Skin Contact ☐ Eye Contact ☐ Ingestion**

**WORKPLACE EXPOSURE SCENARIOS**

**Frequency of Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Duration of Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Quantity Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RISK ASSESSMENT TABLE**

| **Risk Factor** | **Severity (Low/Med/High)** | **Likelihood (Low/Med/High)** | **Overall Risk Rating** |
| --- | --- | --- | --- |
| **Fire Hazard** |  |  |  |
| **Health Effects** |  |  |  |
| **Environmental Damage** |  |  |  |
| **Equipment Hazard** |  |  |  |

**CONTROL MEASURES IN PLACE**

**Ventilation Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Spill Response Measures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PPE Required: ☐ Gloves ☐ Respirator ☐ Safety Goggles ☐ Protective Clothing**

**SIGNATURE**

**Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date: \_\_\_\_\_\_\_\_\_\_\_**