

COSHH Risk Assessment Form

GENERAL INFORMATION

Assessment Date: _____

Assessor Name: _____

Department: _____

Location of Activity: _____

DESCRIPTION OF ACTIVITY

Describe the Task: _____

Frequency of Task: _____

Duration of Exposure: _____

IDENTIFICATION OF SUBSTANCES

Substance Name: _____

Supplier: _____

Form (Gas, Liquid, Solid): _____

HAZARD IDENTIFICATION

Health Hazard Flammable Environmental Hazard Corrosive Toxic Explosive

ROUTE OF EXPOSURE

Inhalation Skin Contact Ingestion Eye Contact

RISK LEVEL ASSESSMENT

Hazard	Likelihood (Low/Med/High)	Severity (Low/Med/High)	Risk Rating
Chemical Exposure			
Fire/Explosion Risk			
Environmental Contamination			
Equipment Hazard			

CONTROL MEASURES

Current Controls: _____

Additional Controls Needed: _____

SIGNATURE

Assessor Signature: _____ **Date:** _____