

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: _____