

| |
|-------------------------------------|
| Applicator's name & contact details |
|-------------------------------------|



| COSHH ASSESSMENT | |
|--------------------------------|--|
| Health & Safety form reference | |
| Date issued | |
| Date revised | |

| 1 : GENERAL INFORMATION | | | |
|-------------------------|-----------------------------|--------------------|--|
| PROJECT NAME | | CONTRACT No | |
| SITE ADDRESS | | | |
| ACTIVITY DESCRIPTION | Application of cleaning gel | | |
| COSHH ASSESSMENT No. | | DATE LAST REVIEWED | |

| 2 : HAZARDS ASSOCIATED WITH THE SUBSTANCE : Metaclear / Oxiclear | | | |
|--|--|------------|--|
| Risk level | Description | Likelihood | Mitigation |
| Low | Skin irritation in contact with the gel : Handling. | | Wear gloves. Rinse the skin. |
| Medium | Contact with domestic animals | | Keep animals indoors. |
| Significant | Damage to ropes & harnesses. | | |
| High | Ingestion | | Keep away from children. |
| | Electric shock : Contact of a spray pole with overhead electrical cable. | | Awareness of the location of the grid power supply. |
| | Contact with eyes : Disconnecting a hose before releasing residual pressure. | | Release residual pressure at the pole. Keep the face protection on until all pipes are disconnected. |
| | Contact with eyes : When opening /transferring the content of the container. | | Wear eye protection before opening a can and throughout the works. |

| 3 : RISK LEVEL = SEVERITY X LIKELIHOOD : ✓ | | | |
|--|--|--|--|
| | | | |

Applicator's name & contact details



| | | | | |
|--------------------------|---|--|--|---|
| 4 : DESCRIBE TASK | Application of Metaclear / Oxiclear gel to masonry / timber | | | |
| Job size | Small | Medium | Large | Very large |
| Job duration | Up to ½ day | One day | Three days | One week + |
| Type of treatment | Elemental : Sills / cornices low level | Elemental high level | Wall covering ground access | Wall covering mechanical platform |
| Application method | Hand brush / mini roller | Low pressure spray | Low pressure roller | Fan jet brush |
| Body strain | Low : Non repetitive / strenuous tasks at ground level | Medium : Brushing / extensive extended pole spraying | Significant : Repeated ladder access / deep brushing | High : Exposed conditions scraping / brushing |
| Grading for the task | | | | |

| | | | |
|---|---|------------------|--------------------|
| 6 : CONTROL MEASURES | | | |
| Who is affected? | | | |
| CONTROL MEASURES | | PPE REQUIRED | |
| Monitor Usage & exposure Store in Correct Storage Containers Clear away from individual properties on completion of work Do not leave unattended Do not allow domestic animals on wet ground Dispose of waste material correctly | | Hair protection | During Application |
| | | Eye protection | During Application |
| | | Face protection | During Application |
| | | Gloves | During Application |
| OTHER MEASURES | Ensure rated connectors are in use. | Waterproof shoes | During Application |
| | Release pressure before disconnecting hoses | Clothing | Overalls |

| | | | | | |
|----------------------|--|--------|--|------|--|
| 7 : SIGNATURE | | | | | |
| ASSESSED BY | | SIGNED | | DATE | |