UNIVERSITY OF EDINBURGH SCHOOL OF ENGINEERING & ELECTRONICS COSHH – WHAT YOU NEED TO KNOW - FORM HS2

In order to comply with the Control of Substances Hazardous to Health Regulations 1998, you must be aware of the following information regarding substances you use at work. Make sure you are it could prevent future ill-health or accident.

Storage Location	Asses. No.			
Usage Location	Work Activity			
Product/Substance Name(s)				
Uses				
Risks to health (see symbols in bottom panel)				
Factors which increase risks				
Harmful exposure routes (tick relevant options) Inhalation () Ingestion () Eye Contact () Skin Contact () Skin Absorption () Injection / sharps ()				
Symptoms of over exposure				
Storage precautions				
Transport precautions Handling/use precautions				
Personal protective equipment: (state type and when	a to ha wora)			
reisonal protective equipment. (state type and when	i to be worn)			
Disposal precautions:				
Emergency action: spillage:				
Emergency action: first aid:				
Emergency action: fire:				
Emergency action: contact person:				
Additional information – location of master assessment (HS1), advice to medical personnel, etc.				
Name, address and telephone number of supplier of substance:				
Symbols to note: highlight or circle those appropriate to the substance(s): symbols have orange background CORROSIVE LARMFUL L				

Section 1. To be used when this form is forming the complete record of the assessment of a low risk, proprietary product.

I have received a copy of this COSHH risk assessment and understand the risks and the measures that must be taken to control such risks.

NAME: Please print	SIGNATURE	DATE

Section 2. To be used when this form is being used to inform users of the main risks and precautions to take during a particular work activity. The user should sign the declaration below. The form can then be retained by the user or affixed at a conspicuous point in the workplace.

Note to user: The full risk assessment (Form HS1) may be consulted at: (state where full risk assessment kept)

I have received a copy of this COSHH risk assessment and understand the risks and the measures that must be taken to control such risks.

NAME: Please print	SIGNATURE	DATE