| Substance/material: Foam | Trade name: Filmfoam 716 | |
|---|---|--|
| What is the substance used for? Fire Extinguishing Agent (E.g. cleaning floors, protective coating, etc.) | | |
| What are the hazardous ingredients/chemicals in the substance? (List below) | | |
| 2-(2-butoxyethoxy)-ethanol CAS No. 112-34-5 | | |
| 2-methyl-2,4-pentanediol (CAS-No.) 107-41-5 | | |
| Do any of the chemicals have a: | | |
| Workplace Exposure Limit? (State opposite) | | |
| 67.5 mg/m3 2-(2-Butoxyethoxy)ethanol; Time-weighted average exposure limit 8 h | | |
| 101.2 mg/m3 2-(2-Butoxyethoxy)ethanol; STEL | | |
| Is the substance: (Check for an orange 'CHIP' squa | re on the product data sheet or packaging.) | |
| ☐ Extremely flammable? ☐ Oxidising? ☐ \ | /ery toxic? ☐ Sensitising? | |
| ☐ Highly flammable? ☐ Harmful? ☐ € | Corrosive? | |
| ☐ Flammable? ☐ Toxic? ☐ I | rritant? | |
| Is the substance hazardous to health when: | | |
| ☑ In contact with skin? ☑ Breathed in? | ☐ Other (Specify below) | |
| ☑ In contact with eyes? ☑ Swallowed? | | |
| USE OF SUBSTANCE | | |
| How should the substance be used? Foam sprayed on to fire from Fire Extinguisher nozzle (E.g. diluted in water, applied with a brush, sprayed, etc.) | | |
| How much is used every week? Not known at this t (State quantity in litres or kilos as appropriate.) | ime | |
| Who is exposed to the substance? Those using it (E.g. those using it, pupils, service users, etc.) | | |
| Does the substance present additional risks to certain groups or individuals? | | |
| (E.g. young people, expectant mothers.) No | | |
| | | |
| oon no | MEASURES | |
| Can a less hazardous substance be used to do the (If you don't know, please contact your supplier for full | | |
| What controls are required for this substance, other than Personal Protective Equipment (PPE)? (E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.) | | |
| Ensure adequate ventilation. | | |
| Is any Personal Protective Equipment (PPE) requi | red when using the substance? | |
| ☑ Eye protection? (Wear approved safety goggles) | ☑ Gloves? (Butyl rubber gloves) | |
| ✓ Overalls/clothing? (Wear suitable protective clothing) | ✓ Mask/respirator? (In case of inadequate ventilation: Use respiratory equipment with combination filter, type A2/P2) | |
| ☐ Other? (State type required) | | |
| How should the substance be stored? | | |
| Store in original tightly closed container. Store at temperature below 60°C. Store above freezing. | | |

| (As a minimum ensure a copy of this assess | - | , | |
|---|---|---|--|
| OTHER PRECAUTIONS AND EMERGENCY PROCEDURES | | | |
| Spillages: How should an accidental release/spillage of this substance be dealt with? | | | |
| Avoid contact with skin and eyes. Avoid inhalation of mists or aerosols. Provide adequate ventilation. | | | |
| For large (industrial) releases, prevent spill f | rom entering a waterway. | | |
| Absorb spillage with suitable absorbent material. | | | |
| First aid: What actions should be taken if the | | | |
| | | | |
| a) Swallowed? Rinse mouth. Do NOT indu | in contact with cycs: Kinsc in | In contact with eyes? Rinse immediately with plenty | |
| vomiting. Obtain emergency medical atte | or water obtain moderal atter | or tratori obtain modical attornion in pain, birming or | |
| | redness persists. | | |
| | | | |
| | | | |
| b) In contact with skin? Wash the skin imm | ediately c) Inhaled? Move injured per | son into fresh air and | |
| with soap and water. Get medical attention | • • • | | |
| irritation develops and persists. | medical attention, if needs | | |
| intración do volopo ana porolete. | modical attention, in needs | | |
| d) Other? (Please specify.) | | | |
| | | | |
| Fire precautions: What actions should be taken in the event of fires involving this substance? | | | |
| No specific measures required as this product is a fire extinguishing medium. If product containers are | | | |
| involved in fire then suitable extinguishing m | | | |
| • | | | |
| | | | |
| Chemical reactions: Is there any other sub | stance that this substance must not com | ne into contact with? | |
| Contact with incompatible materials. Excess | ive heat. Freezing (Product properties ar | e unaffected). | |
| Alkali metals. Strong oxidising agents. Wate | | , | |
| Disposal: How should the substance be dis | | | |
| Dispose of waste and residues in accordance with local authority requirements. | | | |
| <u> </u> | | | |
| Health surveillance: Do staff using the substance require any health surveillance? | | | |
| No. | | | |
| ASSESSMENT OF RISK | | | |
| | | | |
| Are all the controls detailed above currently in place? Yes ☑ No □ | | | |
| If these controls are not in place, or additional controls are required, state action to be taken. | | | |
| Please note - COSHH substances must NOT be used if adequate control measures are not in place. | | | |
| Remedial actions required | | Date for completion | |
| | | | |
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| | | | |
| Are hazards to health adequately controlled with all control measures in place? Yes □ No □ | | | |
| | • | | |
| Assessor(s) name: Chris Ogden | Assessor(s) signature: Chris Ogden | Date: 01/01/19 | |
| | | | |
| The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the | | | |
| control measures and actions required. | | | |
| Line Managers name: | Line Managers signature: | Date: | |
| - | | | |
| Pomodial actions complete: (Data) | ino Managore signaturo: | Reviewed on: | |
| Remedial actions complete: (Date) | Line Managers signature: | Nevieweu UII. | |