



COSHH Risk Assessment

MD143

SUBSTANCE INFORMATION

Substance/material: **SOLO CO Fire Detector Tester**

Trade name: **Solo C3**

What is the substance used for? **Carbon monoxide detector testing**

(E.g. cleaning floors, protective coating, etc.)

What are the hazardous ingredients/chemicals in the substance? (List below)

1850ppm Carbon Monoxide balance Nitrogen.

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

Carbon Monoxide 30ppm / 200mg / m3 (15min TWA reference period).

Is the substance: (Check for an orange 'CHIP' square on the product data sheet or packaging.)

- | | | | |
|-----------------------------------------------|----------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Extremely flammable? | <input type="checkbox"/> Oxidising? | <input type="checkbox"/> Very toxic? | <input type="checkbox"/> Sensitising? |
| <input type="checkbox"/> Highly flammable? | <input checked="" type="checkbox"/> Harmful? | <input type="checkbox"/> Corrosive? | <input checked="" type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable? | <input type="checkbox"/> Toxic? | <input type="checkbox"/> Irritant? | Pressurised aerosol containers, cans may burst if heated to over 50c (122F). |

Is the substance hazardous to health when:

- | | | |
|------------------------------------------------|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> In contact with skin? | <input checked="" type="checkbox"/> Breathed in? | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed? | |

USE OF SUBSTANCE

How should the substance be used? **Sprayed**

(E.g. diluted in water, applied with a brush, sprayed, etc.)

How much is used every week? **Occasional Use, small quantities**

(State quantity in litres or kilos as appropriate.)

Who is exposed to the substance? **Personnel using the product.**

(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.)

Not specified on product Safety Data Sheet.

CONTROL MEASURES

Can a less hazardous substance be used to do the same job?

Yes

No

(If you don't know, please contact your supplier for further information.)

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 - mechanical ventilation is recommended where product is used in confined spaces- if this is not possible, take regular breaks in fresh air.

Is any Personal Protective Equipment (PPE) required when using the substance?



Eye protection? (State type required)



Gloves?



Overalls/clothing? (State type required)



Mask/respirator?

No personal respiratory protective equipment normally required. Handling of larger amounts: In case of insufficient ventilation, wear suitable respiratory equipment. A suitable mask with filter type A (EN14387 or EN405) may be appropriate.



Other? (State type required)

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)
Store containers in cool, dry, well-ventilated locations away from direct sunlight and do not store at temperatures exceeding 50oC (122oF)

Please turn over

Have persons using this substance been provided with information or training on its use? Yes
(As a minimum ensure a copy of this assessment is in a known and readily accessible location.) No

OTHER PRECAUTIONS AND EMERGENCY PROCEDURES

Spillages: How should an accidental release/spillage of this substance be dealt with?
In terms of weight, these containers hold very little contents, such that any accidental release by puncturing etc. will be of no practical concern.

First aid: What actions should be taken if the substance is:

- | | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| a) Swallowed? | b) In contact with eyes? |
| c) In contact with skin? | d) Inhaled? If breathing is difficult, remove victim to fresh air and keep at rest in a position comfortable for breathing. |
| e) Other? (Please specify.) | |

Fire precautions: What actions should be taken in the event of fires involving this substance?
These containers hold gas under pressure, with no liquid phase. If involved in a major fire, they should be sprayed with water to avoid pressure increases, otherwise pressures will rise and ultimately they may distort or burst to release the contents. The gases will not add significantly to the fire, but containers or fragments may be projected considerable distances - thereby hampering fire-fighting efforts.

Chemical reactions: Is there any other substance that this substance must not come into contact with?
None.

Disposal: How should the substance be disposed of (or not disposed of)?
Do not discharge into any place where its accumulation could be dangerous. Used containers are acceptable for disposal in the normal waste stream.

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 |
|---------------------------|---------------------|
| | |

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: |
| Remedial actions complete: (Date) | Line Managers signature: | Reviewed on: (Date) |

A copy of the product safety data sheet must be attached to this assessment.