



# COSHH Risk Assessment

MD145

## SUBSTANCE INFORMATION

Substance/material: [Testifire TS3 Smoke Capsule.](#)

Trade name: [Testifire TS3](#)

What is the substance used for? [Smoke simulation.](#)

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

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

[Propane-1,2-Diol 40 – 50% CAS No. 57-55-6 EC No. 200-338-0](#)

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

[Propane-1,2-Diol LTEL \(8 hr TWA ppm\) 150 \(8 hr TWA mg/m<sup>3</sup>\) 474 WEL \(Total vapour and particulates\)  
10 WEL \(Particulates\)](#)

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 type="checkbox"/> Harmful?   | <input type="checkbox"/> Corrosive?  | <input type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable?           | <input type="checkbox"/> Toxic?     | <input type="checkbox"/> Irritant?   |  |

Is the substance hazardous to health when:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> In contact with skin? | <input 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.)

[Provide adequate ventilation.](#)

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



Eye protection? (State type required)



Gloves? [Wear suitable gloves if prolonged skin contact is likely.](#)



Overalls/clothing? (State type required)



Mask/respirator?



Other? (State type required)

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)

[No special measures are required.](#)

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?

Ensure adequate ventilation

Stop leak if safe to do so. Wear protective gloves

Prevent entry into drains.

Adsorb spillages onto sand, earth or any suitable adsorbent material. Transfer to a container for disposal.

Dispose at suitable refuse site, Smaller quantities can be disposed of with household waste.

Disposal should be in accordance with local, state or national legislation.

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

a) Swallowed?

b) In contact with eyes?

Flush eyes with water for at least 15 minutes.

c) In contact with skin?

Wash with plenty of soap and water.

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?

As appropriate for surrounding fire.

**Chemical reactions:** Is there any other substance that this substance must not come into contact with?

Keep away from sources of strong odour or vapours to prevent contamination.

**Disposal:** How should the substance be disposed of (or not disposed of)?

Dispose at suitable refuse site.

Disposal should be in accordance with local, state or national legislation.

**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.