



# COSHH Risk Assessment

MD241

## SUBSTANCE INFORMATION

Substance/material: Powder

Trade name: Lith X Dry Powder

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)

Graphite 7782-42-5

Attapulgite 12174-11-7

Magnesium stearate 557-04-0

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

Graphite 7782-42-5 IDLH: 1250 mg/m3 TWA: 2.5 mg/m3 natural respirable dust

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 checked="" type="checkbox"/> Irritant? |  |

Is the substance hazardous to health when:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> In contact with skin? May cause irritation. | <input checked="" type="checkbox"/> Breathed in? May cause irritation of respiratory tract         | <input type="checkbox"/> Other (Specify below) |
| <input checked="" type="checkbox"/> In contact with eyes? May cause irritation. | <input checked="" type="checkbox"/> Swallowed? Ingestion may cause irritation to mucous membranes. |  |

## USE OF SUBSTANCE

How should the substance be used? Powder 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? (State quantity in litres or kilos as appropriate.) 6 x 9Kg bags used daily.

Who is exposed to the substance?

(E.g. those using it, pupils, service users, etc.) Those using it.

Does the substance present additional risks to certain groups or individuals?

(E.g. young people, expectant mothers.) No

## 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)?

Use with local exhaust ventilation

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



Eye protection? (Wear safety glasses with side shields (or goggles).



Gloves? (State type required)



Overalls/clothing? (State type required)



Mask/respirator? (In case of insufficient ventilation, wear suitable respiratory equipment).



Other? (State type required)

Avoid generation of dust. Do not breathe dust/fume/gas/mist/vapors/spray. Use with local exhaust ventilation. Use personal protective equipment as required. Wash thoroughly after handling.

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

Store in a well-ventilated place. Keep cool. Keep container tightly closed. Guard against dust accumulation of material. Use care in handling/storage.

**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**

Personal Protection: Do not eat, drink or smoke when using this product. Handle in accordance with good industrial hygiene and safety practice.

Wear safety glasses with side shields (or goggles).

(In case of insufficient ventilation, wear suitable respiratory equipment).

Prevent entry into waterways, sewers, basements or confined areas. Do not flush into surface water or sanitary sewer system. Prevent further leakage or spillage if safe to do so. Prevent product from entering drains.

Stop leak if you can do it without risk. If sweeping of a contaminated area is necessary use a dust suppressing agent which does not react with product. Dike far ahead of spill; use dry sand to contain the flow of material. Absorb with earth, sand or other non-combustible material and transfer to containers for later disposal.

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

a) Swallowed? If swallowed. Call a POISON CENTER or doctor/physician if you feel unwell.

b) In contact with eyes Irrigate with water for at least 15 minutes also under the eyelids.

c) In contact with skin? Wash skin with soap and water. Get medical attention if irritation develops and persists.

d) Inhaled? If experiencing respiratory symptoms: Call a POISON CENTER or doctor.

e) Other? (Please specify.)

**Fire precautions:** What actions should be taken in the event of fires involving this substance?

No special measures required, as this product is a fire extinguishing medium.

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

Hazardous Composition Products: Carbon oxides. Nitrogen oxides (NOx).

Incompatible with strong acids.

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

Dispose of surplus product or contaminated packaging according to local and 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

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**Are hazards to health adequately controlled with all control measures in place?**      Yes     No

<b>Assessor(s) name:</b> Chris Ogden	<b>Assessor(s) signature:</b> Chris Ogden	<b>Date:</b> 01/01/19
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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.

<b>Line Managers name:</b>	<b>Line Managers signature:</b>	<b>Date:</b>
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<b>Remedial actions complete:</b> (Date)	<b>Line Managers signature:</b>	<b>Reviewed on:</b>
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**A copy of the product safety data sheet must be attached to this assessment.**