



HS02: COSHH assessment request

Contract/Job Name	Somerton Car Wash, Newport
Contract/Job Number	Garage Demolition, Cromwell Rd, Newport
Date	
Product Name	
Manufacturer Name	
Manufacturer Address	
Manufacturer Tel	
Supplier Name	
Supplier Address	
Supplier Tel	

1 Introduction

When a new material is required for a site and no COSHH Assessment has been carried out, the person ordering the materials must complete this COSHH Assessment Request and submit it to the nominated Health & Safety Supervisor who will carry out the assessment and return it as soon as possible.

Please complete fully the following questions and send with manufacturer's Safety Data Sheet to the Health & Safety Supervisor. The assessment will be carried out and returned as soon as possible.

For urgent requirements please call in advance to determine necessary actions.

2 What is the material to be used for?

3 Who is likely to be exposed to this material?

Contractor Personnel	Employees	Public
☐	☐	☐

4 How much of the material will be used each day? (Approx.)

5 Method of application

Hand Apply	Machine Apply	Indoors	Outdoors	Brush Apply	Spray Apply
☐	☐	☐	☐	☐	☐

6 Period of use/exposure

Less than 30 mins	30 mins - 2 hrs	2 - 4 hrs	4 - 8 hrs	Over 8 hrs
☐	☐	☐	☐	☐
Daily	Once Weekly	Once Monthly	Once Yearly	Once Only
☐	☐	☐	☐	☐

7 Where will the material be used

Outside	Inside (Well Ventilated)	Inside (Poorly Ventilated)	Confined Space
☐	☐	☐	☐

8 How will material be used?

Give as much detail as possible.

(E.g. where being applied, diluting, mixing, hand applying, brushing, spraying etc.)

--

9 Existing/proposed control measures

(E.g. fume extraction, separation/screening, ventilation, PPE etc.)

--

Person Requesting Assessment

Signature:	
Name & Company Name:	

Correspondence Address:	
Tel:	
Email:	

Person Carrying Out Assessment

Signature:	
Name & Company Name:	
Date Received:	
Date Assessment Carried Out:	
Date Sent:	