

Risk assessment – Control of Substances Hazardous to Health (COSHH)

All employers must conduct a risk assessment. If you have fewer than five employees you don't have to write anything down.

Company name: MARDEN PARISH COUNCIL

Date of risk assessment: 06/02/2023

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Please complete one form per hazard

Product Name: Line Marking Paint

Substance:	Line Marking Paint
Manufacturer: <i>(attach a current safety data sheet)</i>	EverBuild - SurveyLine
How and where hazard is stored:	In unheated storage area, Parish Office
Location where hazard is used:	Open Space
Identify the persons at risk:	Employee Cllr Member of the public Sub-Contractor

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Product Name: Line Marking Paint

Describe the activity or work process: (ie how long / how often this is carried out and quality of substance used)	Infrequently to mark lines for sports days, locations of trees, locations of graves etc. Small amount used each time.
Classification: (state the category of danger)	<p>Toxic: Yes/No</p> <p>Harmful / Irritant: Yes/No</p> <p>Corrosive: Yes/No</p> <p>Oxidising: Yes/No</p> <p>Flammable: Yes/No</p> <p>Explosives: Yes/No</p> <p>Gas Under Pressure: Yes/No</p> <p>Carcinogen: Yes/No</p> <p>Dangerous for the Environment: Yes/No (harmful to aquatic life)</p>
Hazard Type:	<p>Gas: Yes/No</p> <p>Vapour: Yes/No</p> <p>Mist: Yes/No</p> <p>Fume: Yes/No</p> <p>Dust: Yes/No</p> <p>Liquid: Yes/No</p> <p>Solid: Yes/No</p> <p>Other: Yes/No (please state)</p>
Route of Exposure:	<p>Inhalation: Yes/No</p> <p>Skin: Yes/No</p> <p>Eyes: Yes/No</p> <p>Ingestion: Yes/No</p> <p>Other: Yes/No (please state)</p>

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Product Name: Line Marking Paint

Workplace Exposure Limits (WEL) <i>Please indicate n/a where not applicable</i>	N/A	
State the risks to health from identified hazards:	Serious eye irritation, may cause drowsiness or dizziness. Repeated exposure may cause skin dryness or cracking.	
Control Measures:	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. Do not spray on an open flame or other ignition source. Do not pierce or burn, even after use. Use only outdoors or in a well-ventilated area Wear protective gloves/eye protection/face protection Protect from sunlight	
Is health surveillance or monitoring required?	Yes/ No	
Personal Protective Equipment <i>(please state type)</i>	Dust mask Yes/ No Respirator: Yes /No Gloves: Yes/ No Footwear: Yes /No Visor: Yes /No Goggles: Yes/ No Overalls: Yes /No Other: Yes /No (please state)	

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Product Name: Line Marking Paint

First Aid Measures:	Inhalation: move to fresh air Skin Contact: take off contaminated clothing and shoes immediately/ Wash off with soap and plenty of water. If symptoms persist obtain medical assistance. Eye Contact: Immediately flush eye(s) with plenty of water. Remove contact lenses if worn. Keep eyes wide open whilst rinsing. If symptoms persist obtain medical assistance. If Ingested: do not induce vomiting, without medical assistance. Rinse mouth with water. Do not give milk or alcoholic beverages. Never give anything by mouth to an unconscious person.
Disposal of Substances and Contaminated Containers:	Please state: Disposal via a licensed waste disposal contractor.
Is exposure adequately controlled?	Yes/ No
Risk Rating Following Control Measures:	High Medium Low