

The Midcounties Co-operative

COSHH Assessment

Safety Data Sheet is not available for this product as domestic issue only

Information about the substance (from the safety data sheet)

Midcounties Cooperative

Substance/material: Clear liquid colourless

Trade name: Coop Antibacterial Surface Cleaner

What is the substance used for?

(E.g. cleaning surfaces, treating floors) Cleaning and sanitising hard surfaces

Is the substance:

Highly flammable?
Flammable? Oxidising?

Toxic?Corrosive?Harmful?

Sensitising? Irritant?

Other? (please specify)

N/A

N/A

N/A

Is the substance hazardous to health when:

In contact with skin? **Prolonged contact may cause irritation**

In contact with eyes? **May cause irritation**

Breathed in? **May cause irritation of lung membrane if the spray is inhaled**

Swallowed? **Irritating to the gastro intestinal tract may cause nausea and possible vomiting**

Other (specify below)

How the substance is being used at your workplace

Is the substance obtained through a Society nominated supplier. (If NO investigate why and discuss with H&S Team) Yes

How is the substance being used? *(E.g. diluted in water, applied with a brush, sprayed)* **Sprayed directly onto the surface and wiped off**

Who is exposed to the substance? *(E.g. those using it, other colleagues, customers, contractors, etc.)* **Colleagues**

Does the substance present additional risks to certain groups or individuals? *(E.g. young people, expectant mothers.)* **Keep out of reach of children**

Control measures

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

Yes

No

Controls 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.)* **None assigned**

PPE: Is any Personal Protective Equipment required when using the substance? **None**

Eye protection? (state type required)

Gloves? (state type required)

Overalls/clothing? (state type required)

Mask/respirator? (state type required)

Health and Safety - Manual COSHH assessment form

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| Storage: How should the substance be stored? <i>(E.g. locked cupboard which is appropriately labelled signed, away from other substances, etc.)</i> Store in a cool frost free place store out of reach of children |
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| Have people using the substance been provided with information / training on its use? (As a <u>minimum</u> ensure a copy of this assessment is in a known and readily accessible location.) | Yes / No Yes |
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| Other precautions and emergency procedures |
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Spillages How should an accidental release or spillage be dealt with? **Small spillages may be cleaned up with a mop or cloth. Medium spillages should be absorbed with sand, earth, sawdust or other inert material and transferred to a suitable container for subsequent disposal. Large spillages should be contained with sand, earth sawdust or other inert material. Do not pump or release to drain. Consult your local water authority**

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| First Aid What should be done if the substance is: | Swallowed? If ingested drink plenty of water Do not induce vomiting. Seek medical advice | In contact with eyes? Rinse thoroughly with cold water for 15 minuets if symptoms persist consult a doctor. |
| | Inhaled? Remove to fresh air if breathing problems persist then seek medical advice | In contact with skin? Wash affected area with warm water. In the event of skin damage seek medical attention |

Fire precautions: What actions should be taken in the event of fires involving this substance? **The product is not flammable and will not support combustion. The presence of this substance does not limit what type of fire extinguisher can be used**

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

Disposal : How should the substance be disposed of (or not disposed of)? **This product may be disposed of by pouring to drain and rinsing with copious amounts of water. The packaging can be disposed of in the normal household waste**

Health surveillance: Do colleagues using the substance require any health surveillance? **No**

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| ASSESSMENT OF RISK |
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| Are all the controls detailed above currently in place? | Yes <input checked="" type="checkbox"/> | No |
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If these controls are not in place, or additional controls are required, state remedial actions to be taken:

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| Remedial actions required | Date for completion |
|---------------------------|---------------------|

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| Are hazards to health adequately controlled with control measures in place? | Yes / No Yes |
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| Assessor(s) name: Helen Walton | Assessor(s) signature: | Date: 18/07/2024 |
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