

University of Oxford COSHH Assessment Form

Read the notes on completion before attempting to fill in this form. If insufficient space is available under any section, use a separate piece of paper and attach it to the form.

File ref: TDI-010-COSHH
Date: Feb 2013

Department: NDM, TDI	Persons involved: All Laboratory Staff
Location of work:	Laboratories

Description of procedure: Check buffers used to ensure that the pH meter is working as expected

Substances used	Quantities used	Frequency of use	Hazards identified	Exposure route
pH meter check buffers pH 4, 7 and 9	Low volumes for checks	Daily	None	None

Could a less hazardous substance (or form of the substance) be used instead? ~~Yes~~/No
Justify not using it:

What measures have you taken to control risk?

Engineering controls: Handle in accordance with good industrial hygiene and safety practice. Avoid contact with eyes and skin. Wash hands before taking any breaks and at the end of the work day.

PPE: Safety glasses, gloves and lab coats.

Management measures: Store in a cool place, keep container tightly closed in a dry well ventilated place. Containers that have been opened must be carefully resealed and kept up right to prevent leakage.

Accidental release measures: Use PPE; Clear spill and keep in suitable, closed containers for disposal.

Checks on control measures:

Is health surveillance required? No	Training requirements: None
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<p>Emergency procedures:</p> <p>General advice: Consult a physician, show MSDS</p> <p>If inhaled: Not hazardous by inhalation</p> <p>In case of skin contact: Wash area with soap and plenty of water</p> <p>In case of eye contact: Rinse thoroughly with plenty of water.</p> <p>If swallowed: DO NOT induce vomiting. Never give anything by mouth to an unconscious person, rinse mouth out with water.</p> <p>Fire fighting measures: None provided</p>	<p>Waste disposal:</p> <p>Disposal: Dispose of any waste via the safety office, refer to local SOP and RA</p>
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Name and position of assessor: Andrea Keepence-Keyte, TDI Lab Manager

Signature:

Name of supervisor (student work only):

Signature:

Name of head of department or nominee:

Signature:

