



# Land & Environmental Services COSHH Risk Assessment

Assessment Date:14/01/2019

Review Date:14/01/2021

## 1. Product / Process Details

Name of Product / Substance: DECIS PROTECH

Safety Data Sheet Obtained / Enclosed : ☒

Description of activity and/or work process: A broad spectrum pyrethroid insecticide for the control of aphids, caterpillars and a range of other pests. Apply as a foliar spray.

Supplier: Bayer CropScience Ltd

Contact Tel No: 01223226500

Physical Form (MSDS Section 9):  
Liquid

### Chemical Ingredients:

% composition must be detailed: Deltamethrin – 1.47 %  
Benzyl benzoate >2.5-<25.00  
Cyclohexanone - >1.00-<25.00  
Fatty alcohol ethoxylate - >1-<3  
1,2-Benzisothiazol-3(2H)-one->0.005-<0.05  
Reaction mass of 5-chloro-2-methyl-4-isothiazolin-3-one(EC no.247-500-7) and 2-methyl-SH-isothiazol-3-one(EC no.220-239-6) (3:1) - >0.0001-<0.0015  
Benzyl salicylate - >0.10-<2.50  
.alpha.-Hexylcinnamaldehyde->=0.1-<0.25  
1,2-Propanediol->1.00

### Exposure Time:










Engineering measures to reduce exposure: Ensure adequate ventilation. Wear all necessary PPE, observe proper hygiene measures.

Microorganisms: N/A

### Persons at risk:

☒ Employees ☒ Members of public ☐ Cleaners ☐ Contractors ☐ Young Persons ☐ New & expectant Mothers

## 2. Hazard Classification (MSDS Section 2-3)

 <input type="checkbox"/> Explosive	 <input type="checkbox"/> Corrosive	 <input type="checkbox"/> Health Hazard/ Hazardous to the ozone layer	<input type="checkbox"/> Other:
 <input checked="" type="checkbox"/> Flammable	 <input type="checkbox"/> Acute Toxicity	 <input type="checkbox"/> Serious Health Hazard	
 <input type="checkbox"/> Oxidising	 <input checked="" type="checkbox"/> Hazardous to the Environment	 <input type="checkbox"/> Gas Under Pressure	<input type="checkbox"/> Not Classified

### Quantity:

☒ Small ☒ Medium ☐ Large  
(g/ml) (kg/litres) (tonnes/cu.m)

### Dust / Fume / Mist (S9):

☒ Low ☒ Medium ☐ High

### Volatility (S9):

☒ Low ☐ Medium ☐ High

### Route of Entry (S11):

☒ Inhalation ☒ Absorption  
(Skin Contact) ☒ Ingestion

Workplace Exposure Limits (WELs) please indicate n/a where not applicable (MSDS – Section 8)

Long-term exposure level (8hrTWA):  
mg/m3

Deltamethrin 0.01 mg/m3;Cyclohexanone 41mg/m3/10ppm

Short-term exposure level (15 mins):  
mg/m3



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

(The supplier may hold this information)

Yes

☐

No

☒

**Interactions with other substances (MSDS – Section 10)**

- Reactivity thermal decomposition – Stable under normal conditions
- Chemical stability – Stable under recommended storage conditions
- Possibility of hazardous reaction – No hazardous reactions when stored and handled according to prescribed instructions
- Conditions to avoid – Extremes of temperature and direct sunlight
- Incompatible materials – Store only in the original container
- Hazardous decomposition products – No decomposition products expected under normal conditions of use.












### 3. Control Measures

Select control and specify details below as required:

**Apply Local Rules • Training staff for proper use/storage of chemical • Use in minimal quantities • Use of LEV (please specify) • Use in minimal quantities • Reduce exposure times • Monitoring and maintaining controls • Provision of facilities for washing/changing/storage of clothing • Minimising number of staff exposed • General ventilation •**

Detail Controls [Include Training Requirements]:

#### Personal Protective Equipment required when using the substance (state type and standard) (S8)

 <input checked="" type="checkbox"/> Gloves	BS EN 374	 <input checked="" type="checkbox"/> Overalls	BS EN 13034	 <input checked="" type="checkbox"/> Footwear	BS EN 345
 <input type="checkbox"/> Goggles	BS EN	 <input checked="" type="checkbox"/> Visor	BS EN 166	 <input type="checkbox"/> Other	BS EN
 <input type="checkbox"/> Full Face Respirator	BS EN	 <input checked="" type="checkbox"/> Half Face Respirator	BS EN 140	 <input type="checkbox"/> Face mask	BS EN

Health surveillance and / or monitoring required?

If yes please detail:

Yes ☐

No ☒



### 4. First Aid and Emergency Actions (S4, 5, 6)

General Advice: Remove contaminated clothing immediately and dispose of safely. In the case of accident or if you feel unwell, seek medical advice immediately (show the label where possible)



If Inhaled: Move to fresh air. Keep patient warm and at rest. Call a physician or poison control centre immediately.

Skin Contact: Immediately wash with plenty of soap and water for at least 15 mins. Warm water may increase the subjective severity of the irritation/paresthesia. This is not a sign of systemic poisoning. In case of skin irritation, application of oils or lotions containing vitamin E may be considered. If symptoms persist, call a physician.

Eye Contact: Rinse immediately with plenty of water, also under the eyelids, for at least 15 mins. Remove contact lenses, if present after the first 5 mins then continue rinsing eye. Warm water may increase the subjective severity of the irritation/paresthesia. This is not a sign of systemic poisoning. Apply soothing eye drops if needed anaesthetic eye drops. Get medical attention if irritation develops and persists.

If Swallowed: DO NOT induce vomiting unless directed to do so by a physician or poison control centre. Rinse out mouth and give water in small sips to drink. Keep patient warm and at rest.

Fire fighting measures: **Suitable extinguishing media:** Use water spray, alcohol resistant foam, dry chemical or carbon dioxide.



Emergency Action:

RPE ☒

Do not let enter drains ☒

Spillage kit ☒

Other ☐

(If Other Please State):

### 5. Storage Arrangements (S7)

Flammable cabinet ☒

Pesticide Store ☒

Open Bench ☐

Cold storage ☐

Other ☐

(If Other Please State):

### 6. Disposal Arrangements (S13)



Hazardous Waste <input checked="" type="checkbox"/>	Skip <input type="checkbox"/>	Return to Depot <input type="checkbox"/>	Return to Supplier <input type="checkbox"/>	Other <input type="checkbox"/>
(If Other Please State):				
Is exposure adequately controlled?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Method Statement Documentation Completed:	Yes <input checked="" type="checkbox"/>			



## 7. Work Method Statement

All operatives engaged in these activities **must** follow this work method statement and work in accordance with LES Health & Safety Policy.

**Product:** Decis Protech

**COSHH Reference:**

**Description:** A pyrethroid insecticide

**For Use By:** For use only as an insecticide.

1. Good industrial practice in housekeeping and personal hygiene should be followed at all times when using product. **No** smoking, drinking or eating in work area.
2. Read label before use and refer to Manufactures safety data sheet. Calculate amount of product required.
3. RPE, coveralls, rubber boots, nitrile gloves and face protection must be worn.
4. Collect all materials required. Post warning/danger signs.
5. The spray tank should be primed with water and checked for any defects and is in working order.
6. Chemical splash visor should be worn whilst mixing concentrate.
7. Ensure measured concentrate is calculated to ensure correct dosage is dispersed into spray tank.
8. Wash and triple rinse measuring container used to handle concentrate into tank using water.
9. Fill tank to required level with water.
10. Treat area stated to recommendations and precautions, ensuring correct nozzle is used. ie apply as a high volume, fine to medium spray quality.
11. Apply chemical mix on target crop.
12. To dispose of any excess chemicals, spray excess onto non effected crops or other target areas.
12. Clean out empty sprayer by triple rinsing with water and discharging tank washings onto designated soak away area.
13. Ensure spray unit and re-usable PPE is cleaned and returned to storage.

## 8. COSHH Assessor

On-site Assessment Undertaken:

Yes



No



Date: 04/10/2016 & 07/10/2016

Details/Location: Bellahouston Nursery.

COSHH Assessor:

[Redacted]

Signature:

[Redacted]

Contact No:

[Redacted]

or

COSHH Working Group notified and COSHH Matrix updated by COSHH Co-ordinator

Yes



Date:

COSHH Co-ordinator:

[Redacted]

Signature:

[Redacted]

Contact No:

[Redacted]

## 9. Approval for Use – Authorisation by Manager

I confirm that I have considered and understand the substance to be used and the associated hazards. I am satisfied that all of the hazards have been identified and that the control measures to be followed will reduce the risks to as low as reasonably practicable.

Print Name:

Signed:

Date:







**COSHH RECORD OF INSTRUCTION**

<b>Product / Substance:</b>	<b>APHOX</b>	<b>Ref No:</b>
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**Declaration by Manager/Supervisor**

I confirm that the employee who has signed below is competent to undertake the work. My counter-signature indicates that I am happy for the work to proceed.

**Declaration by Employee**

I confirm that I have read this COSHH Assessment and that I understand the hazards and risks involved and will follow all of the safety procedures stated.

<b>Employee Name [please print]</b>	<b>Signature</b>	<b>Manager/Supervisor countersignature</b>	<b>Date</b>