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Land & Environmental Services

Glasgow CITY COUNCIL	ssment	Assessment Date. 8th May 2019	202	new Date.8" May 11
1. Product / Process Details				
Name of Product / Substance Bug clear Ultra		Description of activity and/or work process: A clear liquid used to control vine weevil		
Safety Data Sheet Obtained / Enclosed	d: 🗵			
Supplier. The Scotts Company Uk L Salisbury House, Weyside Park Catteshall Lane, Godalming Surrey GU7 1XE	Physical Form (MSDS Section 9): Liquid			
Contact Tel No: 01865 407333		F Time		
Chemical Ingredients: % composition must be detailed Acetamiprid - < 1% Ethanol – 1-5% Aqueous dipropylene glycol solutio 1,2 – benzisothiazolin-3-one - <1% Glycerol(Glycerin)1,2,3-Propanetriol	n of approx. 20%	Exposure Time: n/a		
Microorganisms:				
n/a				
Persons at risk: Employees Members of public		ntractors Young	g Persons Nev	v & expectant Mothers
2. Hazard Classification (MSDS	Section 2-3)			
Explosive	Corrosive	 (!)	Health Hazard/ Hazardous to the ozone layer	Other:
Flammable	Acute Toxicity		Serious Health Hazard	
Oxidising	Hazardous to the Environme		Gas Under Pressure	Not Classified
Quantity: Dust / F	ume / Mist (S9):	Volatility (S9):	Route of Ent	ry (S11):
Small Medium Large (g/ml) (kg/litres) (tonnes/cu.m)	Medium High	Low Medium High		osorption Ingestion n Contact)
Workplace Exposure Limits (WELs) please indicate n/a where not applicable (MSDS – Section 8)				
Long-term exposure level (8hrTWA): Ethanol 1000ppm TWA – 1920 MG/M Glycerol1,2,3 Propanetriol1,2,3 10	Short-term exposu No data ava		s):	

mg/m3				
9,				
Can a less hazardous substance be used to do the same job ?				
(The supplier may hold this information)	Yes		No 🔀	
(The supplier may hold this information)	165		NO 🔼	
Interactions with other substances (MSDS – Section 10):				
N/A				

Select control and specify details below as required: Apply Local Rules • Training staff for proper use/storage of chemical • Use in minimal quantities • Training staff for proper use/storage of chemical • General ventilation • Provision of facilities for washing/changing/storage of clothing • Use in minimal quantities • General ventilation • Provision of facilities for washing/changing/storage of clothing • Training staff for proper use/storage of chemical • Detail Controls [Include Training Requirements]: Follow label instructions. Personal Protective Equipment required when using the substance (state type and standard) (S8)					
Perso	nai Protective Eq	uipment required wne	n using the substance	(state type and sta	ndard) (S8)
Gloves	BS EN 374	Overalls	BS EN 464	Footwear	BS EN 345
Goggles	BS EN 166	Visor	BS EN	Other	BS EN
Full Face Respirator	BS EN	Half Face Respirator	BS EN 140	Face mask	BS EN
Health surveillance and / or monitoring required? If yes please detail: Yes No					
		y Actions (S4, 5, 6)			
General Advice	e: If you feel unwe	ell, seek medical advice			
If Inhaled:		II.	Skin Contact: Wash off	immediately with so	pap and plenty of
Move to fresh			water		
	Rinse immediately	. ,	If Swallowed:	sal advice immediat	ely and show
water,also under the eyelids for at least 15 mins. If eye irritation persits consult a specialist If swallowed seek medical advice immediately and show container or label				cry and snow	
Fire fighting measures: Foam , CO2 , Powder & Water					
Emergency Ac	tion:				
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 Skip Return to Depot Return to Supplier Other (If Other Please State):					
Is exposure adequately controlled?					
Method Statement Documentation Completed: Yes					

7 Work Method Statement				
7. Work Method Statement All operatives engaged in these activities <u>must</u> follow this work method statement and work in accordance with LES Health & Safety Policy.				
Product: BugClear Ultra		COSHH Reference:		
Description: A clear liquid for the	e control of vine weevil with slig	ht odour		
For Use By: Trained Staff				
using product. <u>No</u> smoki 2. Ensure adequate ventilat 3. Wear appropriate RPE & 4. Use the recommended a	ing, drinking or eating in work a tion PPE mount of chemical with water fo er use and pour over compost	or drench		
On-site Assessment Undertaken:	Yes No	Date: 24 [™] April 2019		
Details/Location: Queens Park Nursery				
COSHH Assessor:	Signature:	Contact No:		
COSHH Working Group notified and COSHH Matrix updated by COSHH Co-ordinator Yes Date:				
COSHH Co-ordinator:	Signature:	Contact No:		
9. Approval for Use – Auth	orisation 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

Product / Substance:			Ref No:	
Declaration by Manager/Supe	ervisor			
I confirm that the employee who that I am happy for the work to	o has signed below is compo proceed.	etent to undertake the work. My cou	unter-signature indicates	
Declaration by Employee				
I confirm that I have read this C all of the safety procedures stat		t I understand the hazards and risks	s involved and will follow	
Employee Name	Signature Manager/Supervisor Date			
[please print]		countersignature		
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