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 <p><b>Land &amp; Environmental Services COSHH Risk Assessment</b></p>		Reference Number:	
		Assessment Date: 18.02.19	Review Date: 18.02.21
<b>1. Product / Process Details</b>			
<b>Name of Product / Substance</b> [BASAMID]  Safety Data Sheet Obtained / Enclosed : <input checked="" type="checkbox"/>		<b>Description of activity and/or work process:</b>  Plant protection product for professional use. Insecticide, Herbicide, Fungicide, Nematicide	
<b>Supplier</b> CERTIS UK 1 Riverside Granta Park Great Abington Cambridgeshire CB21 6AD United Kingdom  Contact Tel No: +44 (0)845 373 0305 Website: www.certiseurope.co.uk Fax: +44 (0)1223 891210 Email: certis@certiseurope.co.uk		<b>Physical Form (MSDS Section 9):</b> Coarse Powder	
<b>Chemical Ingredients:</b> % composition must be detailed		<b>Exposure Time:</b>	
<b>Microorganisms:</b> N/A			
<b>Persons at risk:</b> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input checked="" type="checkbox"/> Employees</div> <div><input checked="" type="checkbox"/> Members of public</div> <div><input type="checkbox"/> Cleaners</div> <div><input type="checkbox"/> Contractors</div> <div><input type="checkbox"/> Young Persons</div> <div><input type="checkbox"/> New &amp; expectant Mothers</div> </div>			
<b>2. Hazard Classification (MSDS Section 2-3)</b>			
<input checked="" type="checkbox"/> Explosive	<input checked="" type="checkbox"/> Corrosive	<input type="checkbox"/> Health Hazard/ Hazardous to the ozone layer	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Flammable	<input checked="" type="checkbox"/> Acute Toxicity	<input checked="" type="checkbox"/> Serious Health Hazard	
<input checked="" type="checkbox"/> Oxidising	<input checked="" type="checkbox"/> Hazardous to the Environment	<input type="checkbox"/> Gas under Pressure	<input type="checkbox"/> Not Classified
<b>Quantity:</b>  <input checked="" type="checkbox"/> Small (g/ml) <input type="checkbox"/> Medium (kg/litres) <input type="checkbox"/> Large (tonnes/cu.m)	<b>Dust / Fume (S9):</b>  <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	<b>Volatility (S9):</b>  <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	<b>Route of Entry (S11):</b>  <input checked="" type="checkbox"/> Inhalation <input checked="" type="checkbox"/> Absorption (Skin Contact) <input type="checkbox"/> Ingestion
<b>Workplace Exposure Limits (WELs) please indicate n/a where not applicable (MSDS – Section 8)</b>			
Long-term exposure level (8hrTWA): Choose an item.		Short-term exposure level (15 mins): Choose an item.	
<b>Can a less hazardous substance be used to do the same job ?</b> (The supplier may hold this information) <div style="float: right; text-align: right;">           Yes <input type="checkbox"/>    No <input type="checkbox"/> </div>			

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## Interactions with other substances (MSDS – Section 10):










## 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 • Monitoring and maintaining controls • Choose an item. • Choose an item. • Choose an item. • Choose an item. • Choose an item. • Choose an item. •

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 (wellingtons)
 <input checked="" type="checkbox"/> Goggles	BS EN 166	 <input type="checkbox"/> Visor	BS EN	 <input type="checkbox"/> Other	BS EN
 <input type="checkbox"/> Full Face Respirator	BS EN	 <input type="checkbox"/> Half Face Respirator	BS EN	 <input type="checkbox"/> Face mask	BS EN 149

## Health surveillance and / or monitoring required?

If yes please detail:

Yes ☐

No ☐

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

General Advice: Avoid contact with skin ,eyes and clothing. Remove contaminated clothing and shoes if you feel unwell seek medical advice

**If Inhaled:**

If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing. Seek medical advice (show the label where possible).

**Skin Contact:**

Wash affected skin with plenty of water. Take off contaminated clothes, wristwatch and jewellery. Wash contaminated clothes and clean boots before re-use. Seek medical advice if symptoms persist.

**Eye Contact:**

Immediately flush with plenty of water. If easy to do, remove contact lenses. If there are any persistent symptoms, obtain medical advice. Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If irritation persists, consult an eye specialist.

**If Swallowed:**

Immediately offer water to drink. DO NOT induce vomiting unless directed by medical personnel. If symptoms occur, seek medical attention.

## Fire fighting measures:

In case of combustion: CO<sub>2</sub>/CO, H<sub>2</sub>O, N<sub>2</sub>/NO<sub>x</sub> and SO<sub>2</sub> will be generated.

08/04/2013 EN (English) 5/5

**5.3. Advice for fire-fighters** Fire fighting instructions

Exercise caution when fighting any chemical fire.

Fight fire from safe distance and protected location.

Do not breathe fumes

Cool closed containers exposed to fire with water spray

If possible, take the containers out of dangerous zone.

Contain fire-fighting water with dikes or absorbents to prevent migration and entry into sewers or streams.

Protection during firefighting

Wear suitable protective clothing, gloves, eye/face protection and respiratory protection

Wear a self-contained breathing apparatus.

## 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 ☒ Skip ☐ Return to Depot ☒ Return to Supplier ☐ Other ☐  
(If Other Please State):Is exposure adequately controlled? Yes ☒ No ☐Method Statement Documentation Completed: Yes ☐

**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:** BASAMID

**COSHH Reference:**

**Description:** GR (Granule)

**For Use By:** LES TRAINED OPERATIVES

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 manufacturer's instructions before use and follow directions.
3. Avoid contact with eyes and skin, do not inhale.
4.
  - Wear Goggles **BS EN166** (Chemical Hazards),
  - Nitrile gloves **BS EN374** (Chemical Hazards), rubber boots (Wellingtons)
  - **BS EN345** and spray suit
  - Type 6 **EN13034** Med level spray tight suit
5. Calculate the application rate, and complete store record sheets
6. **Accidental Release / Spillage:** Use personal protective equipment as recommended. Minimise spread. Keep out of drains, sewers, ditches and waterways. Sweep up and place into containers for disposal via licenced waste contractor.
7. **Disposal:** Dispose of unused product via licenced waste contractor.

**8. COSHH Assessor**

On-site Assessment Undertaken: Yes ☐ No ☒ Date:

Details/Location: 18.20.19

<b>COSHH Assessor:</b> [REDACTED]	<b>Signature:</b> [REDACTED]	<b>Contact No:</b> [REDACTED] <b>Mobile No</b> [REDACTED]
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COSHH matrix updated and original document passed to Officer for inclusion in management system

Yes ☒ Date:

<b>COSHH Co-ordinator:</b> [REDACTED]	<b>Signature:</b> [REDACTED]	<b>Contact No:</b> [REDACTED]
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**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.**

<b>Print Name:</b> [REDACTED]	<b>Signed:</b> [REDACTED]	<b>Date:</b> 18/02/19
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**COSHH RECORD OF INSTRUCTION**

**OFFICIAL**

<b>Product / Substance:</b> <b>[BASAMID]</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</b> <b>[please print]</b>	<b>Signature</b>	<b>Manager/Supervisor</b> <b>countersignature</b>	<b>Date</b>

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