Glasgow
CITY COUNCIL

Land & Environmental Services COSHH Risk Assessment

Assessment Date: 17 February 2020

Review Date: 17 February 2022

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1. Product / Process Details			
Name of Product / Substance Maxforce Prime	Description of activity and/or work process: A light dark brown gel for the control of cockroaches		
Safety Data Sheet Obtained / Enclosed :			
Supplier: Bayer Environmental Science 230 Cambridge Science Park Milton Road Cambridge Cambridge Cambridgeshire CB4 0WB Contact Tel No: 00800 1214 9451	Physical Form (MSDS Section 9): Liquid Gel		
Chemical Ingredients: % composition must be detailed Imidaclopris – 2.15% 1,2 Benzisothiazol 3 (2H)-one - >0.10 - <1.00 Mixture of 5- Chloro-2-methyl-3(2H)-isothiazolon and 2 Methyl-2H-isothiazol-3-on, Sucrose, Flour, Imidaclopri	Exposure Time: Not applicable		
Microorganisms: N/A			
Persons at risk:			
Employees Members of public Cleaners	Contractors Young Persons New & expectant Mothers		
2. Hazard Classification (MSDS Section 2-3)			
Explosive Corrosi	ive Health Hazard/ Hazardous to the ozone layer Other:		
Flammable Acute T	Serious Health Hazard		
Oxidising Hazardo the Envir			
Quantity: Dust / Fume / Mist (S9	9): Volatility (S9): Route of Entry (S11):		
Small Medium Large (g/ml) (kg/litres) (tonnes/cu.m)	Low Medium High Inhalation Absorption Ingestion (Skin Contact)		
Workplace Exposure Limits (WELs) pleas	se indicate n/a where not applicable (MSDS – Section 8)		
Long-term exposure level (8hrTWA): mg/m3 Imidacloprid 0.7mg/m3 Sucrose 10mg/m3 (TWA) Flour (inhalable dust) 10mg/m3 (TWA)	Short-term exposure level (15 mins): No data available		
Can a less hazardous substance be used to do the	e same job ?		

Interactions with other substances (MSDS – Section 10): Stable under normal conditions.
Avoid extreme temps and direct sunlight

Select control and specify details below as required: Apply Local Rules • Training staff for proper use/storage of chemical • Use in minimal quantities • Provision of facilities for washing/changing/storage of clothing • Choose an item. • Choose an item.						
item. • Choose an item. • Choose an item. • Choose an item. • Detail Controls [Include Training Requirements]:						
Perso	nal Protective Eq	uipment required wh	en using the substanc	e (state type and sta	andard) (S8)	
Gloves	BS EN 374	Overalls	BS EN 464	Footwear	BS EN	
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	
If yes please of	letail:	nitoring required?	Yes	No 🔀		
4. First Aid and Emergency Actions (\$4, 5, 6) General Advice: Move out of dangerous area. Place and transport victim and a stable position(lying sideways) Remove contaminated clothing immediately and dispose os safely.						
If Inhaled: N/A it's a GEL Skin Contact: Wash off thoroughly with plenty of soap and water, if available with polyethyleneglycol 400, subsequer rinse with water. If symptoms persist call a physician			100, subsequently			
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 cont. rinsing eye. Get medical attention if irritation develops and persists.			If Swallowed: Call a physician or poison control center immediately.Rinse mouth.Induce vomiting only,if 1.patient is fully conscious. 2. Medical aid is not readily available 3. A significant amount (more than a mouthful) has been ingested and 4. time since ingested is less than 1 hour. (vomit should not get into the respitoty tract)			
Fire fighting measures: Use water spray, alcohol-resistant foam, dry chemical or CO2						
Emergency Action: RPE						
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):						
	dequately controlled		Yes 🖂	No		
Method Stater	nent Documentatio	n Completed:	Yes 🔀			

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:	COSHH Ref	erence:					
Maxforce prime							
For Use By: 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. Wear appropriate PPE & RPE. 3. Remove product from Chemical store, remove plug from chemical containing tube attach applicator nozzle and then attach product to applicator 4. Apply spots or thin ribbons to surfaces identified as target areas 5. The product should be placed out of sight and where light intensity is low 6. Avoid excessively dusty, damp, greasy locations or areas that are subject to washing 7. Do not apply to areas that have recently been treated with other insecticides or contaminate the bait with other insecticides. 8. Once completed or emptied tube containing chemical dispose of empty container into hazardous waste 9. Put applicator into Chemical store after use 10. Complete chemical record sheet accordingly.							
8. COSHH Assessor On-site Assessment Undertaken: Yes No Date: 17 Feb 2020							
Details/Location:	·						
COSHH Assessor:	Signature:	Contact No: 0					
COSHH Working Group notified and COSHH Matrix updated by COSHH Co-ordinator Yes							
COSHH Co-ordinator:	Signature:	Contact No:					
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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.							
Print Name:	Signed:	Date:					

COSHH RECORD OF INSTRUCTION

Product / Substance:			Ref No:			
Troduct / Gubstance.			THE THE			
Declaration by Manager/Supe	ervisor ervisor					
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						
	OSHH Assessment and that I und	derstand the hazards and risks	involved and will follow			
all of the safety procedures stat	ed.					
Employee Name	Signature	Manager/Supervisor	Date			
[please print]	Signature	countersignature	Date			