

Land & Environmental Services COSHH Risk Assessment

Reference Number:	
Assessment Date:	Review Date:
01/10/2018	04/40/2020

			01/10/20	710	01/10/2020
1. Product / Process Details					
Name of Product / Substance	Description of activity and/or work process:				
NOMIX DUAL Safety Data Sheet Obtained / E	Ready to Use Non Selective/Residual Herbicide to control weeds,				
Supplier: Nomix Enviro, A Division of Fro The Grain Silos, Weyhill Road, SP10 3NT.	Physical F Liquid	orm (MSI	DS Section 9):		
Contact Tel No: 01264 38805	0				
Chemical Emergency Agency S Tel. + 44 1865 407 333	Service (24 hr):				
Chemical Ingredients: Isopropylamine salt N-(phosph glyphosate), Sulfurosulfuron	onomethyl) Glycine equivale	Exposure None assig			
Microorganisms: Nil					
Persons at risk: Employees Members of pu					
2. Hazard Classification	(MSDS Section 2-3)				
Explosive	Corrosive	<u></u>	>	Health Hazard/ Hazardous to the ozone layer	Other:
Flammable	Acute Toxi	icity	>	Serious Health Hazard	
Oxidising	Hazardous the Environi			Gas Under Pressure	Not Classified
Quantity:	Dust / Fume (S9):	Volatility (S	69):	Route of Entr	y (S11):
Small Medium Large (g/ml) (kg/litres) (tonnes/cu.m)	Low Medium High	Low Mediu	m High		sorption Ingestion n Contact)
Workplace Exposure Limits (WELs) please indicate n/a where not applicable (MSDS – Section 8)					
Long-term exposure level (8hr ⁻ No data available		m exposu o data ava	ıre level (15 mins ailable	s):	
Can a less hazardous substance be used to do the same job ?					
(The supplier may hold this info	ormation)		Yes		No 🔀
Interactions with other substances (MSDS – Section 10): Galvanised steel or unlined steel containers (except stainless steel).					

3. Contr	rol Measures				
J. Conti	of Measures				
Select control and specify details below as required: Apply Local Rules • Training staff for proper use/storage of chemical • Use in minimal quantities • General ventilation • Choose an item. • Detail Controls [Include Training Requirements]: Product/Process Supplied in sealed 5 litre containers, ready to use.					
PPE listed belo Avoid inhalatio Avoid contact v Avoid ingestion	omply with safe med bw to be worn by O n with skin and eyes n, do NOT smoke, o		ication or handling of pro	oduct	
Environmenta No additional o	al Controls controls required or	recommended			
Training Requ					
			npetence (Pa01, Pa06) n using the substance	(state type and sta	ndard) (S8)
Gloves	BS EN 374	Overalls	BS EN 13034	Footwear	BS EN 345
Goggles	BS EN 166	Visor	BS EN	Other	BS EN
Full Face Respirator	BS EN	Half Face Respirator	BS EN	Face mask	BS EN 140
Health aumrail	llance and / or ma	nitoring required?			
If yes please d		nitoring required?	Yes	No 🔀	
		y Actions (S4, 5, 6)			
General Advice	e:				
If Inhaled: If inhalation of vapour, mists or fumes causes irritation of the nose or throat, or coughing remove patient to fresh air. If irritation persists seek medical attention. Skin Contact: Remove contaminated clothing immediately. Wash skin with plenty of soap and water. If irritation persists seek medical attention.					
Eye Contact: Flush eyes immediately with clean water for at least 15 minutes. If pain, redness or irritation persists, seek medical attention. If Swallowed: Wash out mouth with water. If swallowed do not induce vomiting, seek urgent medical advice and show container, label or data sheet.					
Fire fighting measures: Dry Powder, Foam, Water Spray, Carbon Dioxide, , Fire-fighters, and others exposed, wear self-contained breathing apparatus					
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 R (If Other Please State):	teturn to Depot	Return to Supplier	Other	
Is exposure adequately controlled?	Yes	No		
Method Statement Documentation Completed:	Yes			

All operatives engaged in these activities notice. Health & Safety Policy.	must follow this work method	statement and work in accordance with LES
Product: No Mix Dual		COSHH Reference:
Description: Ready to Use Non Selective	/Residual Herbicide to control	weeds,
For Use By: LES Operatives With NPTC F	Pesticides Certificate of Comp	etence (Pa01, Pa06)
Before commencing spraying Good industrial practice in house using any chemical products. N	ekeeping and personal hyg	jiene should be followed at all times when ng in work area.
 Avoid contact with eyes. Safety Mask BS EN140 and Wellington 		Gloves BS EN374, Coverall BS EN13034,
Advise local Bee keeping societ	ty the day before use (if the	re are any locally)
Read manufacturers instruction/ Calculate amount of product nee Collect battery & chemical si Adjust lance controls to spra Fit appropriate spray nozzle Fit fresh battery into lance, Sign out product amount in o Put container in backpack Fit hose from lance to contai Lock chemical store and retu Commence spraying. NB: If members of the public/ar Use product in a well-ventilated	/label before use and follow eded using ratio information tore key from office ay cone required (see label) , chemical store register, iner (close retaining clip to urn keys to Office and proc nimals/kids approach, stop d area, Do NOT use near riv	n on the product label to cover target area), secure) eed to target area, spraying until they pass. ver embankments, drains or Fire hydrants. curely and arrange for disposal via a
8. COSHH Assessor		
On-site Assessment Undertaken: Ye Details/Location: Glasgow Green	es No	Date: 09/10/16
COSHH Assessor:	Signature:	Contact No:
COSHH matrix updated and original docur	ment passed to Officer for incl	usion in management system
COSHH Co-ordinator:	Signature:	Contact No:
9 Approval for Use – Authorisatio	on 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: LC
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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.

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