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 <p align="center">Land & Environmental Services COSHH Risk Assessment</p>		Reference Number:	
		Assessment Date: 14/07/2019	Review Date:
1. Product / Process Details			
Name of Product / Substance : Rose Clear Ultra Safety Data Sheet Obtained / Enclosed : <input checked="" type="checkbox"/>		Description of activity and/or work process: For use as a fungicide and insecticide	
Supplier :The SCOTTS Company (UK) Limited Salisbury House, Weyside Park, Catteshall Lane Godalming, Surrey GU7 1XE United Kingdom Contact Tel No: ++44 (0) 1865 407333 (24) E-mail : INFO-MSDS@Scotts.com		Physical Form (MSDS Section 9): Liquid	
Chemical Ingredients: % composition must be detailed Component weight CAS-No EC-No. Classification Triticonazole <1% 106-24-1 NE N;R51/53 Xi;R36 Acetamiprid <1% 135410-20-7 NE R52/53 Xn;R20/22		Exposure Time: No specific occupational exposure limits have been established	
Microorganisms: n/a			
Persons at risk: <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Members of public <input type="checkbox"/> Cleaners <input type="checkbox"/> Contractors <input type="checkbox"/> Young Persons <input type="checkbox"/> New & expectant Mothers			
2. Hazard Classification (MSDS Section 2-3)			
<input checked="" type="checkbox"/> Explosive	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Health Hazard/ Hazardous to the ozone layer	<input type="checkbox"/> Other:
<input 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: <input checked="" type="checkbox"/> Small (g/ml) <input type="checkbox"/> Medium (kg/litres) <input type="checkbox"/> Large (tonnes/cu.m)	Dust / Fume (S9): <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Volatility (S9): <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Route of Entry (S11): <input checked="" type="checkbox"/> Inhalation <input checked="" type="checkbox"/> Absorption (Skin Contact) <input checked="" type="checkbox"/> Ingestion
Workplace Exposure Limits (WELs) please indicate n/a where not applicable (MSDS – Section 8)			
Long-term exposure level (8hrTWA): No data available		Short-term exposure level (15 mins): No data available	
Can a less hazardous substance be used to do the same job ? (The supplier may hold this information)			
		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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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** • **Good Laboratory Practice** • **Use in minimal quantities** • **Training staff for proper use/storage of chemical** • **General ventilation** • **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 Nitrile gloves (Chemical Hazards)	 <input checked="" type="checkbox"/> Overalls	BS EN 13034 Low level spray tight suit Type 6	 <input checked="" type="checkbox"/> Footwear	BS EN 345 (Wellingtons)
 <input type="checkbox"/> Goggles	BS EN	 <input checked="" type="checkbox"/> Visor	BS EN 1663F (Chemical Hazards)	 <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

Health surveillance and / or monitoring required?

If yes please detail:

Yes ☐ No ☒

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



General Advice: If medical advice is needed, have product container or label at hand.
P103 Read label before use. if you feel unwell, seek medical advice (show the label where possible)

If Inhaled:

Move to fresh air and keep at rest in a position comfortable for breathing.
Get medical attention if adverse health effects persist or are severe. If unconscious, place in recovery position and get medical attention immediately.
Maintain an open airway.

Skin Contact:

Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes. Get medical attention if symptoms occur.
Wash clothing before reuse.
Clean shoes thoroughly before reuse.

Eye Contact:

Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. If the eye irritation persists, consult a specialist

If Swallowed:

Wash out mouth with water. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Do not induce vomiting unless directed to do so by medical personnel. Get medical attention if adverse health effects persist or are severe. Never give anything by mouth to an unconscious person.



Fire fighting measures: suitable extinguishing media: Carbon dioxide (Co2). Powder. Water spray. Foam.

Unsuitable extinguishing media: None known.

Special exposure equipment for fire fighters: Use PPE. Self contained breathing apparatus and suitable protective clothing

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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):

For the UK only: Dispose of unused product in it's container at a household waste site (civic amenity site).

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: ROSE CLEAR ULTRA

COSHH Reference:

Description: Liquid Fungicide

For Use By: N&S trained operatives

1. Read label before use and refer to manufactures recommendations on data sheet
2. Wear appropriate PPE as specified. Coveralls, boots, nitrile gloves.
3. Treat the area adhering to stated recommendations and precautions, ensuring correct nozzle is used, spray area until tank is empty
4. The spray tank should be half filled with water prior to adding concentrate to spray tank, Add measured amount of concentrate to spray tank. Return to store
5. After use clean out spray tank by further diluting with water and continue spraying on target area until empty
6. In case of an accident, or if you feel unwell, seek medical advice immediately (show the label where possible.)
7. 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.
8. Keep away from food, drink and animal feeding stuffs
9. Eye contact: rinse eye immediately with plenty of water, for at least
10. Skin contact: remove contaminated clothes and thoroughly wash affected areas of the skin with water, launder clothes before reuse
11. Inhalation: remove patient from source of exposure.
Ingestion: If swallowed, seek medical advice immediately and show the container, or this data sheet

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8. COSHH Assessor

On-site Assessment Undertaken: Yes ☐ No ☒ Date: 05.08.19

Details/Location:

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

Yes ☒ Date: 05.08.19

COSHH Co-ordinator: [REDACTED]	Signature: [REDACTED]	Contact No: [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.

Print Name:	Signed:	Date:
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