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 Land & Environmental Services COSHH Risk Assessment	Assessment Date: 13 May 2019	Review Date: 13 May 2021
1. Product / Process Details		
Name of Product / Substance Provado Ultimate Fruit & Vegetable Bug Killer Safety Data Sheet Obtained / Enclosed : <input checked="" type="checkbox"/>	Description of activity and/or work process: Kills and controls greenfly, blackfly, caterpillars, beetles, weevils & whitefly.	
Supplier Bayer Crop Science Ltd 230 Cambridge Science Park Milton Road Cambridge Cambridgeshire CB4 0WB United Kingdom	Physical Form (MSDS Section 9): Liquid	
Chemical Ingredients: Deltamethrin 0.0008 % Mixture of 5-Chlor-2-methyl-3(2H)-isothiazolon and 2-Methyl-2H-isothiazol-3-on <i>% composition must be detailed</i>	Exposure Time: Not applicable	
Microorganisms:		
Persons at risk: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input checked="" type="checkbox"/> Employees</div> <div style="text-align: center;"><input type="checkbox"/> Members of public</div> <div style="text-align: center;"><input type="checkbox"/> Cleaners</div> <div style="text-align: center;"><input type="checkbox"/> Contractors</div> <div style="text-align: center;"><input type="checkbox"/> Young Persons</div> <div style="text-align: center;"><input type="checkbox"/> New & expectant Mothers</div> </div>		
2. Hazard Classification (MSDS Section 2-3)		
<div style="display: flex; align-items: center;">  <input type="checkbox"/> Explosive </div>	<div style="display: flex; align-items: center;">  <input type="checkbox"/> Corrosive </div>	<div style="display: flex; align-items: center;">  <input type="checkbox"/> Health Hazard/ Hazardous to the ozone layer </div>
<div style="display: flex; align-items: center;">  <input type="checkbox"/> Flammable </div>	<div style="display: flex; align-items: center;">  <input type="checkbox"/> Acute Toxicity </div>	<div style="display: flex; align-items: center;">  <input type="checkbox"/> Serious Health Hazard </div>
<div style="display: flex; align-items: center;">  <input type="checkbox"/> Oxidising </div>	<div style="display: flex; align-items: center;">  <input checked="" type="checkbox"/> Hazardous to the Environment </div>	<div style="display: flex; align-items: center;">  <input type="checkbox"/> Gas under Pressure </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> Quantity: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input checked="" type="checkbox"/> Small (g/ml)</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Medium (kg/litres)</div> <div style="text-align: center;"><input type="checkbox"/> Large (tonnes/cu.m)</div> </div> </div> <div style="width: 25%;"> Dust / Fume / Mist (S9): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> Low</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Medium</div> <div style="text-align: center;"><input type="checkbox"/> High</div> </div> </div> <div style="width: 25%;"> Volatility (S9) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> Low</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Medium</div> <div style="text-align: center;"><input type="checkbox"/> High</div> </div> </div> <div style="width: 25%;"> Route of Entry (S11): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input checked="" type="checkbox"/> Inhalation</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Absorption (Skin Contact)</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Ingestion</div> </div> </div> </div>		
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 ?		

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(The supplier may hold this information)

Yes

☐

No

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Interactions with other substances (MSDS – Section 10):

Extremes of temperatures and direct sunlight










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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 • Provision of facilities for washing/changing/storage of clothing • General ventilation • Choose an item. • Use in minimal quantities • Training staff for proper use/storage of chemical • General ventilation • Provision of facilities for washing/changing/storage of clothing •
 Detail Controls [Include Training Requirements]:

Personal Protective Equipment required when using the substance (state type and standard) (S8)

 <input checked="" type="checkbox"/>	BS EN 374	 <input checked="" type="checkbox"/>	BS EN 464	 <input type="checkbox"/>	BS EN
Gloves		Overalls		Footwear	
 <input checked="" type="checkbox"/>	BS EN 166	 <input type="checkbox"/>	BS EN	 <input type="checkbox"/>	BS EN
Goggles		Visor		Other	
 <input type="checkbox"/>	BS EN	 <input checked="" type="checkbox"/>	BS EN 140	 <input type="checkbox"/>	BS EN
Full Face Respirator		Half Face Respirator		Face mask	

Health surveillance and / or monitoring required?

If yes please detail:

Yes ☐ No ☒

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

General Advice: Remove contaminated clothing immediately and dispose of safely.



If Inhaled: Move the victim to fresh air and rest. Call Doctor immediately

Skin Contact: Immediately wash with soap and water for at least 15 minutes. Warm water may increase the subjective severity of the irritation. This is not a sign of systemic poisoning. If skin irritation applications of oils or lotions containing vitamin E may be considered.

Eye Contact: Rinse immediately with plenty of water, also under eyelids, for at least 15 mins. Remove contact lenses if present after the first 5 mins then continue to rinse eye. Warm water may increase the severity of irritation. Get medical attention if irritation develops.

If Swallowed: Rinse out mouth and give water in small sips to drink. **DO NOT** induce vomiting. If swallowed seek medical advice immediately and show the label and container.

Fire fighting measures: Water, CO2



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):

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Is exposure adequately controlled?

Yes

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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: Provado Ultimate Fruit & Veg Bug Killer

COSHH Reference:

Description: A colourless/light yellow liquid for the control of greenfly, blackfly, caterpillars, beetles, weevils & whitefly.

For Use By: Trained Staff

1. Good industrial practice in housekeeping and personal hygiene should be followed at all times when using product. **NO** SMOKING, EATING OR DRINKING IN WORK AREA.
2. Ensure adequate ventilation for safe handling.
3. Avoid contact with eyes and skin wear appropriate PPE and RPE (including gloves & goggles)
4. Collect provado from chemical store and mix with water in knapsack in well ventilated area.
5. Only use for pests highlighted above.
6. Once completed spraying triple rinse Knapsack to clear any residual chemical.
7. Return any remaining chemical to store with knapsack.

8. COSHH Assessor

On-site Assessment Undertaken: Yes ☒ No ☐ Date: 13/5/19

Details/Location: Queens Park Nursery

COSHH Assessor: [REDACTED]	Signature: [REDACTED]	Contact No: [REDACTED]
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Assessment approved for use by COSHH Working Group

Yes ☐ Date:

COSHH Co-ordinator:	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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COSHH RECORD OF INSTRUCTION

Product / Substance:	Ref No:
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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

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