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 Land & Environmental Services COSHH Risk Assessment	Assessment Date: 23.05.19	Review Date: 23.05.21	
1. Product / Process Details			
Name of Product / Substance PARADISE (Residual Herbicide) for post emergence weed control. Safety Data Sheet Obtained / Enclosed : <input checked="" type="checkbox"/>	Description of activity and/or work process: Apply to soil surfaces around headstones in cemeteries		
Supplier Pan Agriculture Ltd 8 Cromwell Mews, Station Road, St Ives Cambs, PE28 5 HJ. Contact Tel No: 0032 2 627 86 11 +32 14 58 45 45 emergency number	Physical Form (MSDS Section 9): Choose an item. Granular		
Chemical Ingredients: % composition must be detailed Flazasulfuron 26.6%	Exposure Time: 7 hours		
Microorganisms: NA			
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 checked="" 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 </div>	<input type="checkbox"/> Other:
<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>	<input type="checkbox"/> Not Classified
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 type="checkbox"/> Medium (kg/litres)</div> <div style="text-align: center;"><input type="checkbox"/> Large (tonnes/cu.m)</div> </div>	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>	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>	Route of Entry (S11): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> Inhalation</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Absorption (Skin Contact)</div> <div style="text-align: center;"><input type="checkbox"/> Ingestion</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 ? (The supplier may hold this information) <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> Yes <input type="checkbox"/> No <input checked="" 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:

Choose an item. • **Training staff for proper use/storage of chemical** • **Use in minimal quantities** • Choose an item. • **General ventilation** • Choose an item. • Choose an item. • Choose an item. • Choose an item. • Choose an item.

Detail Controls [Include Training Requirements]:










Follow Manufactures Label Instruction

Wear, Nitrile Gloves, Spraysuit Coveralls, Rubber Boots.

Do not eat, drink or smoke when using this product.

Operatives must be PA1 and PA 6 trained.

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 13034.2005 Spray Suit	 <input checked="" type="checkbox"/> Footwear	BS EN 345
 <input checked="" type="checkbox"/> Goggles	BS EN 166 When handling concentrate	 <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	

Health surveillance and / or monitoring required?

If yes please detail:

Yes ☐

No ☒

☐

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

General Advice: If you feel unwell, seek medical advice.



If Inhaled: Remove the victim into fresh air.
Respiratory problems: consult a doctor/medical service.

Skin Contact: Take off contaminated clothing. Rinse with water. Soap may be used. Take victim to a doctor if irritation persists.

Eye Contact: Remove contact lenses. Immediately flush with plenty of water. Take victim to a doctor if irritation persists.

If Swallowed: Rinse mouth with water. Do not induce vomiting. Consult a doctor/medical service if you feel unwell.

Fire fighting measures: DO NOT use water jet on fire unless fire is major.

Use foam, powder or Carbon dioxide to extinguish fire.



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): Including empty container

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Is exposure adequately controlled?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Method Statement Documentation Completed:	Yes	<input checked="" type="checkbox"/>		

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: Paradise weed control

COSHH Reference:

Description: Residual herbicide,

For Use By:

1. Read label and follow manufacturer's instructions/recommendations at all times.
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. Avoid eye contact. Wash hands thoroughly after use
3. Wear PVC Gloves BSEN374 (Chemical hazards), safety goggles BS EN166 34B (Chemical Hazards) solvents, Spray Suit BS EN 13034, face mask BS EN 149.
4. Wearing a dust mask. Open product container. Half fill the spray unit with the required amount of water. Pour the weighed/measured chemical amount into spray unit (knapsack spray unit) avoiding internal components and add the remaining amount with water required. Replace spray unit cap and tighten. Agitate the spray unit until water and herbicide are mixed. Hold spray lance nozzle at the permitted distance to the required area and press the trigger to release the product. Continue until the process is completed.
5. Spillage/Clean Flush spill area with water for small quantities. Absorb in earth, sand or absorbent material or large quantities.
6. Keep away from heat sources.
7. Avoid contact with non target plants.
8. Wash spray unit out after use.
9. Do not store spray solution in spray tank overnight.
10. If Inhaled: Remove the victim into fresh air. Respiratory problems: consult a doctor/medical service.
11. Skin Contact: Take off contaminated clothing, Rise skin with water, Take victim to doctor if irritation persists.
12. Eye Contact: Remove contact lenses. Immediately flush with plenty of water. Take victim to a doctor if irritation persists.
13. If Swallowed: Rinse mouth with water. Do not induce vomiting. Consult a doctor/medical service if you feel unwell.

8. COSHH Assessor

On-site Assessment Undertaken: Yes ☐ No ☒ Date: _____
Details/Location: _____

COSHH Assessor: _____	Signature: _____	Contact No: _____
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COSHH Working Group notified and COSHH Matrix updated by COSHH Co-ordinator

Yes ☐ Date: _____

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:
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Product / Substance:	Ref No:
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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.

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.

[illegible]

COSHHRA.V1.2016

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