



Land & Environmental Services COSHH Risk Assessment

Reference Number:

Assessment Date:

05/09/2019

Review Date:

05/09/2021

1. Product / Process Details

Name of Product / Substance

LawnClear 2

Safety Data Sheet Obtained / Enclosed :



Description of activity and/or work process:

Ready to use selective Herbicide for weed control

Supplier:

Vitax Limited
Owen Street
Coalville
LE67 3DE UK

Tel: +44(0) 1530 510060 Fax: +44(0) 1530 510299 Email:
tech@vitax.co.uk

Physical Form (MSDS Section 9):
Liquid

Chemical Ingredients:

Clopyralid 0.26 g/l Xi; R41, N; R51/53 001702-17-6 216-935-4
2,4-D Acid 1.13 g/l Xn; R22-37-41-43-52/53 94-75-7 202-361-1
MCPA 1.31 g/l Xn; R22-38-41 000094-74-6 202-360-6

Exposure Time:

Information not listed but not classed as hazardous
to health

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



Corrosive



Health Hazard/
Hazardous to the
ozone layer

Other:



Flammable



Acute Toxicity



Serious Health
Hazard



Oxidising



Hazardous to
the Environment



Gas Under
Pressure

Not Classified

Quantity:



Small
(g/ml)



Medium
(kg/litres)



Large
(tonnes/cu.m)

Dust / Fume (S9):



Low



Medium



High

Volatility (S9):



Low



Medium



High

Route of Entry (S11):



Inhalation



Absorption
(Skin Contact)



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



No



Interactions with other substances (MSDS – Section 10): No Information

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 • Reduce exposure times • Provision of facilities for washing/changing/storage of clothing •

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	 <input checked="" type="checkbox"/> Overalls	BS EN	 <input checked="" type="checkbox"/> Footwear	BS EN ISO 20345
 <input checked="" type="checkbox"/> Goggles	BS EN 166	 <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	BS EN 140

Health surveillance and / or monitoring required?

If yes please detail:

Yes ☐

No ☒

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

General Advice:



In case of accident or if you feel unwell seek medical advice immediately (show label where possible).

Never give fluids or induce vomiting if patient is unconscious or is having convulsions.

No specific antidote. Supportive care. Treatment based on judgement of physician in response to symptoms of patient. Additional medical guidance is available to doctors from the National Poisons Information Service.

If Inhaled:

Remove to fresh air. No adverse effects anticipated by this route of exposure incidental to proper handling.

Skin Contact:

Essentially non-irritating to the skin. Prolonged skin contact is unlikely to result in absorption of harmful amounts. Wash skin thoroughly with soap and water and launder clothing before re-use or dispose of properly.

Eye Contact:

May cause irritation. Wash immediately and continuously with flowing water for at least 30 minutes. Remove contact lenses after the first 5 minutes and continue washing. Obtain prompt medical consultation, preferably from an ophthalmologist.

If Swallowed:

Low toxicity if swallowed. Do not induce vomiting. Call a physician and/or transport to emergency facility immediately. The decision of whether to induce vomiting or not should be made by a physician.

Fire fighting measures: Carbon dioxide. Dry chemical fire extinguishers. Foam.



During a fire, smoke may contain the original material in addition to combustion products of varying composition which may be toxic and/or irritating. Wear protective clothing and use self-contained breathing apparatus.

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 ☒
(If Other Please State):

Skip ☐

Return to Depot ☐

Return to Supplier ☐

Other ☐

Licenced contactor to dispose of containers

Is exposure adequately controlled?

Yes



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: Lawn Clear 2

COSHH Reference:

Description: Ready to use selective Herbicide for weed control

For Use By: Pa1 & Pa6 trained staff

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. Read COSHH & Work Method and sign Employee Declaration section below.
3. Wear appropriate PPE as listed in COSHH statement, Sign key for chemical store out of main office, select amount of product required for area to be covered, sign required amount of product out on chemical record sheet, return key to main office
4. Proceed to proposed target area, ensure target area is clear of public, animals and staff etc and weather conditions are suitable to avoid off target drift etc, commence spraying.
5. On completion of spraying, return to depot, wash any drift off of PPE (Boots etc) sign key out for chemical store, return unused product, sign chemical sheet for amount used, complete personal use sheet, used/empty containers to be stored in quarantine section, return key to main office
6. Complete Supervisors chemical record sheet to mirror chemical store record

8. COSHH Assessor

On-site Assessment Undertaken:

Yes ☒ No ☐

Date: 09/09/2019

Details/Location: Glasgow Green

COSHH Assessor:

Signature:

Contact No:

COSHH matrix updated and original document passed to Officer for inclusion in management system

Yes ☐ Date:

COSHH Co-ordinator:

Signature:

Contact No:

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:	Lawn Clear 2	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