



Land & Environmental Services COSHH Risk Assessment

Assessment Date:
22.8.19

Review Date:
22.8.21

1. Product / Process Details

Name of Product / Substance

Goliath Gel

Safety Data Sheet Obtained / Enclosed : ☒

Description of activity and/or work process:

A brown odourless insecticide gel for the control of cockroaches

Supplier BASF

Contact Tel No: +44 161 485 6222

**Physical Form (MSDS Section 9): Gel
Semi-solid**

Chemical Ingredients:

% composition must be detailed

fipronil (ISO) ;5-amino-1-[2,6-dichloro-4-(trifluoromethyl)
[(trifluoromethyl)sulfinyl]-1H-pyrazole-3-carbonitrile

Exposure Time:










1 hour

Microorganisms:

Persons at risk:

☒ Employees ☒ Members of public ☐ Cleaners ☐ Contractors ☐ Young Persons ☐ New & expectant Mothers

2. Hazard Classification (MSDS Section 2-3)

 <input 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:

☒ Small ☐ Medium ☐ Large
(g/ml) (kg/litres) (tonnes/cu.m)

Dust / Fume / Mist (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):

Avoid strong bases, strong acids and strong oxidizing agents.










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 • Apply Local Rules • General ventilation • Monitoring and maintaining controls • Choose an item. • 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	 <input checked="" type="checkbox"/> Overalls	BS EN 14605/13982	 <input type="checkbox"/> Footwear	BS EN
 <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

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. Show container/label/and or safety data sheet to physician



If Inhaled: Keep patient calm, move to fresh air

Skin Contact: Wash thoroughly with soap and water

Eye Contact: Wash affected eyes for at least 15 minutes under running water with eyelids held open

If Swallowed: Rinse mouth out and then drink plenty of water

Fire fighting measures: Suitable extinguishing media ; water spray, CO2 , foam or dry powder.



For fire fighters; wear self contained breathing apparatus and chemical protective clothing.

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): Segregate from foods or animal feeds. Protect from temps above 35 degrees cent.

6. Disposal Arrangements (S13)

Hazardous Waste ☒ Skip ☐ Return to Depot ☐ Return to Supplier ☐ Other ☐
(If Other Please State):

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: Goliath Gel

COSHH Reference:

Description: A brown odourless insecticide gel for the control of cockroaches

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 Goliath Gel from chemical store and attach to applicator.
5. Only use for pests highlighted above.
6. Once completed put empty tubes into safe disposal area.
7. Return any remaining chemical to store.

8. COSHH Assessor

On-site Assessment Undertaken: Yes ☒ No ☐ Date: 22.08.19
Details/Location:

COSHH Assessor: [REDACTED]	Signature: [REDACTED]	Contact No: [REDACTED]
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COSHH Working Group notified and COSHH Matrix updated by COSHH Co-ordinator
Yes ☒ Date: 04.09.19

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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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