

YOUR COMPANY NAME

COSHH Assessment Form

COSHH Record Number _____

Substance Name	Physical Form	Nature Of Hazard
Nature Of Process		
Is there a less hazardous substance that can be used?	Yes/No	
If so, why not use it?		
Control measure required (Personal Protection, Ventilation etc.)		

Disposal Procedure

Emergency Arrangements:

Spillage

Uncontrolled Release

Fire

Name of Assessor	Date of Initial Assessment	Checked By
Review Date	Reviewed By	Checked By