



COSHH Risk Assessment



Department:	Lift Engineers	Reference Number:	HS01
Process:	Machinery Lubrication	Issue Number:	7

Substance Name:	Lubricating Oil	Appearance:	Amber / Brown Liquid
Manufacturer/Supplier:	Various (Exol, ExxonMobil, Total)		









Principal Constitutes	%	8hr TWA	15min TWA
Severely refined mineral oils	80 +		
Additives / Ingredients	REM		
In the form of mineral oil mist		5mg.m3	10mg.m3

Hazardous Reactions:	N/A		
Location of process being carried out?	Motor room		
Quantity of substance used:	10 litres		
Duration of exposure:	30 Minutes		
Identify the persons at risk:	Employees: <input checked="" type="checkbox"/>	Contractors: <input checked="" type="checkbox"/>	Public: <input type="checkbox"/>

Classification (state the category of danger)			
	<input type="checkbox"/> Very Toxic		<input type="checkbox"/> Irritant
	<input type="checkbox"/> Toxic		<input type="checkbox"/> Sensitising
	<input type="checkbox"/> Corrosive		<input type="checkbox"/> Biological
	<input checked="" type="checkbox"/> Harmful		<input type="checkbox"/> Oxidising
			<input type="checkbox"/> Extremely Flammable
			<input type="checkbox"/> Highly Flammable
			<input checked="" type="checkbox"/> Flammable /Combustible
			<input type="checkbox"/> Environmental

Hazard Type							
Gas	Vapour	Mist	Dust	Fume	Liquid	Solid	Other (State)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Route of Exposure				
Inhalation	Skin	Eyes	Ingestion	Other (State)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____

State the Risks to Health from Identified Hazards:		
Skin	No Effect	
Eyes	No Effect	
Inhalation	No Effect	
Ingestion	In large volumes (0.5 litre or more) can induce nausea	
Control Measures: (for example extraction, ventilation, training, supervision).		
<ul style="list-style-type: none"> • Use only in well ventilated areas and avoid breathing vapours. • Wear gloves • Observe good hygiene practices 		
Personal Protective Equipment: (state type and standard)		
 <input type="checkbox"/> Dust mask	 <input type="checkbox"/> Visor	
 <input type="checkbox"/> Respirator	 <input type="checkbox"/> Goggles	
 <input checked="" type="checkbox"/> Gloves (Refer to General Requirements for PPE Sheet)	 <input checked="" type="checkbox"/> Overalls	
 <input checked="" type="checkbox"/> Footwear (Refer to General Requirements for PPE Sheet)	 <input type="checkbox"/> Other	
Fire Information:		
Extinguishers: Foam <input checked="" type="checkbox"/> Powder <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> CO2 <input checked="" type="checkbox"/>		
Spillage Procedure:		
Contain and adsorb with inert material, shovel up and dispose of via a licenced contractor.		
Storage:	Disposal of Substance:	
Away from any source of heat or ignition.	Via a licensed Contractor only <input checked="" type="checkbox"/>	
Risk Rating Following Control Measures:		
High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input checked="" type="checkbox"/>
Date: 30/04/2014		Review Date: May 2015