



# COSHH Risk Assessment



<b>Department:</b>	Lift Engineers	<b>Reference Number:</b>	HS01A
<b>Process:</b>	Lubrication	<b>Issue Number:</b>	7

<b>Substance Name:</b>	Silicone Grease	<b>Appearance:</b>	Off White Grease
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<b>Manufacturer/Supplier:</b>	R.S Components Ltd Po Box 99 Corby Northants NN17 9RS Tel No: 01536 402888
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Principal Constitutes	%	8hr TWA	15TWA
Silicone Oil	5/10		
Pentane	>50	600ppm	750ppm
Butane	10/25	600ppm	750ppm
Propane	10/25		

<b>Hazardous Reactions:</b>	With oxidising agents, chlorine
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<b>Location of process being carried out?</b>	Lift Shaft / Motor room
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<b>Quantity of substance used:</b>	5 / 10 ml at each application
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<b>Duration of exposure:</b>	30 minutes
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<b>Identify the persons at risk:</b>	Employees: <input checked="" type="checkbox"/>	Contractors: <input checked="" type="checkbox"/>	Public: <input type="checkbox"/>
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### Classification (state the category of danger)

	<input type="checkbox"/> Very Toxic		<input type="checkbox"/> Irritant		<input type="checkbox"/> Extremely Flammable
	<input type="checkbox"/> Toxic		<input type="checkbox"/> Sensitising		<input type="checkbox"/> Highly Flammable
	<input type="checkbox"/> Corrosive		<input type="checkbox"/> Biological		<input type="checkbox"/> Flammable
	<input type="checkbox"/> Harmful		<input type="checkbox"/> Oxidising		<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> _____

Route of Exposure				
Inhalation <input checked="" type="checkbox"/>	Skin <input checked="" type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Ingestion <input checked="" type="checkbox"/>	Other (State) <input type="checkbox"/> _____
State the Risks to Health from Identified Hazards:				
Skin	Very Slight irritant, prolonged or repeated contact can cause dermatitis			
Eyes	Not significant			
Inhalation	Not significant			
Ingestion	Considered an unlikely event but Not significant			
Control Measures: (for example extraction, ventilation, training, supervision).				
<ul style="list-style-type: none"> <li>Wear gloves</li> <li>Store separately from strong oxidising agents and chlorine.</li> <li>Observe good hygiene practices</li> </ul>				
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:				
Excluded all sources of ignition and ventiate the area. Collect with inert material and place in suitable container for disposal.				
Storage:			Disposal of Substance:	
Below 50c in a well ventilated place away from source of heat, ignition and direct sunlight.			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		