COMPANY NAME:

ADDRESS:

COSHH ASSESSMENT

CUSTOMER'S NAME:

ADDRESS:

ORDER REF:

1. I have identified a need to use a biocide at the premise above to control a pest bird species.

2. It is intended to use the 小島 Bird Free product (HSE authorisation no: UK-2018-1127).

3. The Company has consulted the 小島 Bird Free installation manual and the material safety data sheet to consider the product hazard and any workplace exposure limits (set by EH40/2005) in relation to the proposed use.

4. Summary conclusions and other data.
    4.1.   Activity
    - Placing 小島 Bird Free product in trays in specific areas within the premises.
    4.2.   Appropriate Regulations
    - Health & Safety at Work Act 1974
    - COSHH Regulations.
    4.3.   Persons at risk
    - Operative dispensing 小島 Bird Free product
    - On site Company employees
    - Bystanders.
    4.4.   Hazard identification
    - None of the ingredients are listed in EH40/2005
    - MSDS indicates that 小島 Bird Free is a low-risk biocide.
    4.5.   Identification and control of risk
    - Contact with skin and eyes might produce irritation effects
    - A trained operative will apply product and secure trays in place in the premises
    - The working area will be arranged so that other persons are excluded during the activity
    - A safe system of work will be adopted.

4.6. This COSHH assessment concludes that risks to the health of operators and persons at the treatment site can be adequately controlled by using the product indicated, adhering to label instructions, and using PPE when necessary as indicated on the Material Safety Data Sheet.

5. Sketch or list specific areas to be treated at the customer's premise.

6. A sheet showing precautions to be observed and a contact telephone number has been/will be left with the client.
7. This COSHH assessment does not cover other workplace risks and their assessment as required by legislation.
8. Risk assessment carried out by:

Name: _____   Signature:_____

Date of this risk assessment:

Treatment to be carried out by:

Name: _____   Signature:_____

Date of treatment: