Sample sheet		NAI	NE OF ASSES	SOR: Mar	ry Smith (Mar	nager) Dat	te:15 01.2015	
NAME OF SUBSTANCE S AND USAGE?	LIST THE HAZARD WARNING PRESENT e.g. Irritant, Harmful, Corrosive etc.	HAVE YOU REQUESTED THE HAZARD DATA SHEET FROM THE MANUFACTU RER/SUPPLIE R?	PEOPLE AT RISK OF OVER EXPOSURE ?	FREQUENC Y AND DURATION OF EXPOSURE	DATE: INDUCTIO N OR TRAINING GIVEN TO STAFF	SUMMARY OF PRECAUTIONARY MEASURS TO CONTROL RISK TO OPERATIVE'S HEALTH?	RISK LEVEL REMAININ G	OCCUPATIONAL EXPOSURE LIMIT (OEL) OR AIR QUALITY MONITORING. REQUIRMENTS FOR HEALTH CHECKS OR SURVEILLANCE?
Floor Stripper used annually to clean floor in Assembly Hall during summer holiday when school is unoccupied	a) Corrosive b) A smell of acidic vapour maybe apparent when mixing solution.	Yes	Caretaker & Site Service Officer and Cleaners	Annually	a) Staff was induction by line manager & the Health & Safety Adviser 06/01/2015. b) Trained by Andreas Christodoul ou from Strictly 14/2/15	 Coshh guidance document given out during Induction. Staff has received Induction and training. Staff involved in risk assessment process. Staff to ensure windows are open for adequate ventilation before use. Staff has been issued with the following Personal Protective Equipment (PPE)/Clothing: Disposable Mask Hycron Gloves Overalls Safety boots Spillage kit available in store room for large quantity spillage. 	Low	No OEL listed on the hazard data sheet, Therefore, no air monitoring or health surveillance necessary. Manager to monitor usage in discussion with staff periodically. Refresher training to be provided in the light of changes or upon the introduction of new substances.

DATE: 6.3.2015.

Blank sheet		N	AME OF ASSE	SSOR:	Date:			
NAME OF SUBSTANCES AND USAGE?	LIST THE HAZARD WARNING PRESENT e.g. Irritant, Harmful, Corrosive etc.	HAVE YOU REQUESTED THE HAZARD DATA SHEET FROM THE MANUFACTURER/ SUPPLIER?	PEOPLE AT RISK OF OVER EXPOSURE?	FREQUENCY AND DURATION OF EXPOSURE	DATE: INDUCTION OR TRAINING GIVEN TO STAFF	SUMMARY OF PRECAUTIONARY MEASURS TO CONTROL RISK TO OPERATIVE'S HEALTH?	RISK LEVEL REMAINING	OCCUPATIONAL EXPOSURE LIMIT (OEL) OR AIR QUALITY MONITORING. REQUIRMENTS FOR HEALTH CHECKS OR SURVEILLANCE?

Date: **Blank Sheet** NAME OF ASSESSOR: OCCUPATIONAL NAME OF LIST THE HAVE YOU PEOPLE AT **RISK LEVEL** FREQUENCY DATE: SUMMARY OF EXPOSURE LIMIT (OEL) REQUESTED INDUCTION REMAINING SUBSTANCES HAZARD RISK AND PRECAUTIONARY **OR AIR QUALITY** THE HAZARD AND USAGE? WARNING OF OVER DURATION OR **MEASURS TO CONTROL** MONITORING. PRESENT e.g. EXPOSURE? TRAINING **RISK TO OPERATIVE'S** DATA SHEET OF **REQUIRMENTS FOR** FROM THE **EXPOSURE GIVEN TO HEALTH?** Irritant, HEALTH CHECKS OR MANUFACTURER/ Harmful, STAFF SURVEILLANCE? SUPPLIER? Corrosive etc.

Date: Blank sheet NAME OF ASSESSOR: OCCUPATIONAL NAME OF LIST THE HAVE YOU PEOPLE AT FREQUENCY DATE: SUMMARY OF **RISK LEVEL** EXPOSURE LIMIT (OEL) SUBSTANCES REQUESTED INDUCTION PRECAUTIONARY REMAINING HAZARD RISK AND OR AIR QUALITY AND USAGE? DURATION WARNING THE HAZARD OF OVER OR MEASURS TO CONTROL MONITORING. PRESENT e.g. **EXPOSURE?** TRAINING **RISK TO OPERATIVE'S** DATA SHEET OF **REQUIRMENTS FOR** FROM THE EXPOSURE **GIVEN TO HEALTH?** Irritant, HEALTH CHECKS OR MANUFACTURER/ STAFF Harmful, SURVEILLANCE? SUPPLIER? Corrosive etc.