COSHH Risk Assessment No: CCS COSHH RA 001
Product Name: Auto Diesel / DERV

Company name: Watson Fuels														Date:26-06-2023		
Describe the activity or work process. (Inc. how long/ how often this is carried out and quantity substance used)	Decanting of Diesel fuel into machinery. Less than twice per month. Less than 25ltr															
Location of process being carried out?	Yard.															
Identify the persons at risk:					Property Manager	TRUE	Members	FALSE	General Public	FALSE						
Name the substance involved in the process and its manufacturer. (A copy of a current safety data sheet is attached to this assessment)					Auto Diesel / DERV											
Classification (state the category of danger)																
FALSE	Toxic			FALSE	Oxidising			FALSE	Gas Under Pressur							
TRUE	Harmful/ Irritant			TRUE	Flammable			TRUE	Carcinogen							
FALSE	Corrosive			FALSE	Explosives			TRUE	Dangerous for the environment							
Hazard Type																
FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	FALSE	FALSE									
Gas	Vapour	Fume	Gas Mist	Dust	Liquid	Solid	Other (State)									
Route of Exposure																
FALSE	TRUE	TRUE	TRUE	FALSE												
Inhalation	Skin	Eyes	Ingestion	Other (State)												
Workplace Exposure Limits (WELs) please indicate n/a where not applicable																
None																
State the Risks to Health from Identified Hazards																
None																
Control Measures:																
Adequate ventilation. Avoid skin contact. Wear Gloves and Goggles if splashes are likely.																
Is health surveillance or monitoring required? No																
Personal Protective Equipment (state type and standard)																
Dust mask						Visor										
Respirator						Goggles		EN166								
Gloves	Nitrile EN374					Overalls										
Footwear	Closed Shoes					Other		Long sleeves.								
First Aid Measures																
Obtain medical attention if symptoms do not resolve. Show Safety Data sheet to Doctor in attendance.																
Storage																
Keep in appropriate containers and store away from flammable materials.																
Hazardous Waste																
Skip	FALSE	Return to Depot	FALSE	Return to Supplier	FALSE	Other Please State	TRUE	Recycle Center.								
Is exposure adequately controlled?							Yes	###	No	###						
Risk Rating Following Control Measures																
Low	TRUE	Medium	FALSE	High	FALSE											
	Review History															
	Date	Name	Reason													
	26/06/2023	F Brennan	New													
	02/09/2024	F.P.Brennan	Periodic Review													