COSHH Risk Assessment No: CCS COSHH RA 007
Product Name: General Purpose Grease

Company name: Castrol														Date: 04-10-2023	
Describe the activity or work process.			Maintenance of equipment requiring grease applied by brush or grease gun.												
Location of process being carried out?			Workshop or yard.												
Identify the persons at risk:					Property Manager	TRUE	Members	FALSE			General Public	FALSE			
Name the substance involved in the process and its manufacturer.					Castrol Multipurpose Grease.										
Classification (state the category of danger)															
FALSE	Toxic			FALSE	Oxidising			FALSE			Gas Under Pressur				
FALSE	Harmful/ Irritant			FALSE	Flammable			FALSE			Carcinogen				
FALSE	Corrosive			FALSE	Explosives			FALSE			Dangerous for the environment				
Hazard Type															
FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	TRUE	Semi-fluid.							
Gas	Vapour	Fume	Gas Mist	Dust	Liquid	Solid	Other (State)								
Route of Exposure															
FALSE	TRUE	FALSE	FALSE	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:															
Avoid contact with skin, wear gloves and appropriate clothing.															
Is health surveillance or monitoring required?															
Personal Protective Equipment (state type and standard)															
Dust mask						Visor			Suitable for chemical splashes						
Respirator						Goggles									
Gloves		Yes				Overalls			Yes						
Footwear						Other									
First Aid Measures															
Ingestion; Do not induce vomiting unless directed to do so by medical personnel. Get medicalattention if symptoms occur.Skin contact; Wash skin thoroughly with soa															
Storage															
Store away from flammable products.															
Disposal of Substances & Contaminated Containers															
Hazardous Waste															
Skip	FALSE	Return to Depot	FALSE	Return to Supplier	FALSE	Other Please State	TRUE	Recycling centre.							
Is exposure adequately controlled?							Yes	##	No	##					
Risk Rating Following Control Measures															
Low	TRUE	Medium	FALSE	High	FALSE										

Review History		
Date	Name	Reason
04/10/2023	F Brennan	New
02/09/2024	F.P.Brennan	Periodic Review





