








COSHH Risk Assessment Accelerated Drainage Services

| Section 1 – General Information | | | | | | |
|--|--|--|--|---|--|--|
| Task/Activity: | Fuelling Vehicles | Ref: | ADS271021-1DE | | | |
| Assessors Name | M Duffy Services | Assessment Date | | | | |
| | | 27/10/2021 | | | | |
| Description of Task / Activity | | | | Next Review | | |
| Fuelling works vehicle using Diesel supplied by forecourt | | | | Every 12 months | <input checked="" type="checkbox"/> | |
| | | | | Every 6 Months | <input type="checkbox"/> | |
| | | | | Immediately after any task/activity changes and/or incidents/accidents | | <input type="checkbox"/> |
| How often is the task undertaken (daily, weekly etc): as required (daily) | | | | | | |
| Task Duration (approximately): 10 mins | | | Numbers of persons involved: 5 | | | |
| Section 2 – Hazardous Substance Information | | | | | | |
| Hazardous Substance(s) used (trade name, ingredients etc): | | Fuels, diesel | | | | |
| How is the Substance(s) used (Sprayed, diluted, brushed, mixed, applied by hand etc): | | Applied by fuel nozzle | | | | |
| Indicate the Hazard(s) associated with Hazardous Substances used: | | | | | | |
|  |  |  |  |  |  |  |
| Harmful to the environment | Flammable | Oxidising | Corrosive | Acute Toxic | Health Hazard | Serious Health Hazard |
| | | | | | | |
| Indicate what form(s) the Hazardous Substances take: | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | |
| Gas | Vapour | Mist/Aerosol | Fume | Dust | Liquid | Solid |
| Indicate what Route(s) of Exposure the Hazardous Substances take: | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | |
| Inhalation | Ingestion | Absorption (Skin) | Instillation (Eyes) | Penetration | | |
| Workplace Exposure Limits (WEL) refer to MSDS and/or HSE Publication EH40 | | | | | | |
| LTEL (8 hr TWA) | PPM or Mg/M ³ | | STEL (15 min) | PPM or Mg/M ³ | | |
| | 100 mg/m ³ | | | 300 mg/m ³ | | |
| List the Risks to Health from Exposure to the Hazardous Substance(s) | | | | | | |
| List all relevant Hazard Statements: | H226 - Flammable liquid and vapour. H304 - May be fatal if swallowed and enters airways. H315 - Causes skin irritation. H332 - Harmful if inhaled. H351 - Suspected of causing cancer. H373 - May cause damage to organs through prolonged or repeated exposure. H411 - Toxic to aquatic life with long lasting effects. | | | | | |

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| <p>List all relevant <u>Precautionary Statements</u>:</p> | <p>P210 - Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.</p> <p>P260 - Do not breathe mist, vapours, spray, gas, fume.</p> <p>P273 - Avoid release to the environment.</p> <p>P280 - Wear protective gloves, protective clothing, eye protection, face protection.</p> <p>P301+P310+P331 - IF SWALLOWED: Immediately call a POISON CENTER, a doctor. Do NOT induce vomiting.</p> <p>P391 - Collect spillage.</p> |
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Section 3 – Risk Assessment

Who Might Be Harmed?

| | | | | | |
|-----------|---|-----------------------|---|------------------------|---|
| Staff: | <input style="width: 100%;" type="checkbox"/> | Contractors: | <input style="width: 100%;" type="checkbox"/> | Members of the Public: | <input style="width: 100%;" type="checkbox"/> |
| Visitors: | <input style="width: 100%;" type="checkbox"/> | Others: (please note) | | | |

Estimation of the Toxic Severity (Dose)

| (1) Quantity Used: | Score | (2) Health Hazard: | Score |
|--|-------|--|-------|
| Small: Quantities up to 1g or ml | 1 | Low Hazard: Includes Hazard Statements: H313, H315, H316, H319, H320, H333, H335, H336 | 1 |
| Medium: Quantities between 1 to 150g or ml | 2 | Medium Hazard: Includes Hazard Statements: H303, H311, H314, H317, H318, H332, H334, H371, H375 | 2 |
| Large: Quantities over 150g or ml | 3 | High Hazard: Includes Hazard Statements: H300, H301, H302, H304, H305, H310, H330, H331, H340, H341, H350, H351, H360, H361, H362, H370, H372 | 3 |
| Score 1: | 3 | Score 2: | 3 |

Estimation of the Probability of Exposure

| (3) Dustiness/Volatility of Substance | Score | (4) Duration of Exposure | Score |
|--|-------|--|-------|
| Low: <u>Solids</u> Materials that do not break up easily with little or no dusts observed during use <u>Liquids</u> Boiling Point over 150°C | 1 | Short Exposure: Short periods measured in minutes & where any WEL is not exceeded at any time | 1 |
| Medium: <u>Solids</u> Crystalline or granular materials with minimal dusts or dusts which settle out quickly <u>Liquids</u> Boiling Point between 50 & 150°C | 2 | Medium Exposure: Periods exceeding 1 hour but not exceeding 4 hrs | 2 |
| High: <u>Solids</u> Fine, light powders or fibres with dusts which remain airborne for long periods <u>Liquids</u> Boiling Point below 50°C <u>All Gases, Mists, Fumes & Aerosols</u> | 3 | Long Exposure: Full working shift (over 4 hrs) & if the WEL is exceeded at any time | 3 |
| Score 3: | 2 | Score 4: | 1 |

Risk Rating

| | | | |
|--|--|---|---|
| <p>Score 1: <input style="width: 20px; text-align: center;" type="text" value="3"/></p> <p>+ Score 2: <input style="width: 20px; text-align: center;" type="text" value="3"/></p> <p>= Total A <input style="width: 20px; text-align: center;" type="text" value="6"/></p> | <p>Score 3: <input style="width: 20px; text-align: center;" type="text" value="2"/></p> <p>+ Score 4: <input style="width: 20px; text-align: center;" type="text" value="1"/></p> <p>= Total B <input style="width: 20px; text-align: center;" type="text" value="3"/></p> | <p>A <input style="width: 20px; text-align: center;" type="text" value="6"/> X B <input style="width: 20px; text-align: center;" type="text" value="3"/> = <input style="width: 20px; text-align: center;" type="text" value="18"/></p> | <p style="background-color: #90EE90;">0-4: Tolerable</p> <p style="background-color: #FFD700;">5-12: Medium Risk</p> <p style="background-color: #FF4500;">13-20: High Risk</p> <p style="background-color: #FF0000;">21+: Extreme Risk</p> |
|--|--|---|---|

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Scores of 0 – 4 indicate a tolerable risk where standard controls are in place (including following the manufacturers instructions and basic hygiene procedures)

Scores over 4 will require additional control measures (complete section 4)

Tasks scoring over 21 must be stopped immediately until further controls can be implemented

Are Additional Controls required?

YES NO

Is it possible to use a less harmful substance to do the work?

YES NO

Remember: if a safer alternative is available, consider using it, unless you have a valid reason for continuing to use your current substance.

Section 4 – Controls

Prevention of Exposure










| | | |
|--|---|--|
| Can the Hazardous Substance(s) be <u>eliminated</u> from the process? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Are measures in place to <u>exclude non essential personnel</u> from the area? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Give Details: REFUELLING TAKES PLACE IN A LICENCED FORECOURT |

Control of Exposure

| | | |
|---|---|---------------|
| Can the <u>quantities</u> of the hazardous substances be reduced? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Can the <u>form</u> of the Hazardous Substance(s) be changed to make it safer (i.e. substituting powder for pellets etc)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Can the <u>exposure time</u> of workers be reduced? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Can natural <u>ventilation</u> in the work area be improved (i.e. opening windows etc)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Is <u>Local Exhaust Ventilation</u> (LEV) required? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Does any part of the process need to be partially or totally <u>enclosed</u> ? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |

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| Administration Controls | | |
|---|---|---|
| Do <u>vulnerable persons</u> need to be excluded from this activity or area (i.e. nursing mothers etc)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |
| Is any special <u>training</u> required for the task and/or the Hazardous Substance(s) used? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Give Details: ALL EMPLOYEES RECEIVE TOOLBOX TALKS REGARDING THE USE OF FUEL |
| Are any <u>warning signs</u> , notices and/or barriers required? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: |

| Section 4 – Controls | | | | | |
|---|---|-------------------------|---|--|------------------|
| PPE - Eye/Face Protection (Instillation & Absorption) | | | | | |
|  | X | Type & Standard: |  | | Type & Standard: |
| Goggles | | | Full Face Visor | | |
| RPE - Respiratory Protective Equipment (Inhalation & Ingestion) | | | | | |
|  | | Type & Standard: |  | | Type & Standard: |
| Dust Mask | | | Respirator | | |
|  | | Type & Standard: | | | |
| BA Set | | | | | |
| PPE - Skin & Body Protection (Absorption) | | | | | |
|  | | Type & Standard: |  | | Type & Standard: |
| Gloves | | Nitrile gloves (EN 374) | Overalls | | |
|  | | Type & Standard: |  | | Type & Standard: |
| Safety Footwear | | | Other | | |

| Section 5 – Additional Controls | | |
|--|---|---|
| Do measures need to be taken to <u>control sources of ignition</u> ? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Give Details: NO SMOKING PERMITTED DURING OR JUST AFTER REFUELLING OF VEHICLE HAS TAKEN PLACE. USE OF EARTHED PETROL PUMPS. |

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| | | | | | | | | |
|--|---|---|-----|----|---|--|--|---|
| Are there any materials that will create an additional hazard if exposed to the Hazardous Substance(s)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: | | | | | | |
| Is Exposure Monitoring required (in line with Reg 10 of COSHH)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: | | | | | | |
| Is Health Surveillance required (in line with Reg 11 of COSHH)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Give Details: | | | | | | |
| Lone Working Allowed? Permit to Work Required? | | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="background-color: #00FF00; color: black;">Yes</td> <td style="background-color: #FF0000; color: black;">No</td> </tr> <tr> <td style="color: blue;">X</td> <td></td> </tr> <tr> <td></td> <td style="color: blue;">X</td> </tr> </table> | Yes | No | X | | | X |
| Yes | No | | | | | | | |
| X | | | | | | | | |
| | X | | | | | | | |

Section 6 – Safe System of Work

Detail how the task will be completed safely:

1. Proceed to the licenced forecourt.
2. Position vehicle with fuel cap facing pump.
3. Switch vehicle off and remove key from ignition.
4. Exit vehicle using grab handle (if provided on the vehicle).
5. Don gloves.
6. Remove fuel cap and place on vehicle holder (if vehicle has one, if not place onto pump).
7. Remove nozzle from holder and avoid touching trigger.
8. Insert trigger into tank intake.
9. Fuel vehicle until the first click of the nozzle restrictor has taken place.
10. Replace nozzle back into holder carefully.
11. Replace fuel cap ensuring not to over tighten.
12. Any spillages have to be mopped up using available forecourt spill kit and staff made aware.
13. Remove and dispose of gloves in the provided bin.

Equipment/Stores Required:

List all stores and/or equipment required for the task: N/A

Section 7 – Emergency Information

What actions should be taken in the event of any fires involving the substance?

Suitable extinguishing media - Water spray, Alcohol resistant foam, Carbon dioxide, Dry extinguishing powder.

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Special protective equipment for firefighters. . In case of fire: Wear self-contained breathing apparatus. Use water spray or fog for cooling exposed containers. Evacuate personnel to a safe area. Collect contaminated fire extinguishing water separately. This must not be discharged into drains.

Fire Extinguisher type(s) that can be used? Strong water jet.

First Aid: What actions should be taken if the substance is:

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|---|--|
| <p>Inhaled: Keep at rest. Provide fresh air. In case of doubt or persistent symptoms, always consult a physician. If unconscious place in recovery position and seek medical advice. Give oxygen or artificial respiration if necessary.</p> | <p>Ingested: Do NOT induce vomiting. Rinse mouth immediately and drink plenty of water. Get immediate medical advice/attention.</p> |
|---|--|

| | |
|---|--|
| <p>In Contact with the Skin: Remove contaminated clothing and shoes. After contact with skin, wash immediately with plenty of water and soap. In case of doubt or persistent symptoms, always consult a physician. In the event of a high pressure injection injury, worker should obtain immediate medical assistance</p> | <p>In Contact with the Eyes: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Get medical advice/attention.</p> |
|---|--|

Spillages: How should accidental release/spillages of this substance be dealt with?

Stop leak if safe to do so. Dam up. Take up liquid spill into absorbent material, e.g.: sand, earth, vermiculite or powdered limestone. Keep in suitable, closed containers for disposal. If liquid has been spilt in large quantities clean up promptly by scoop or vacuum. After cleaning, flush traces away with water. Dispose of contaminated materials in accordance with current regulations.

Section 8 – Summary

| | |
|--|---|
| Have the persons completing this task been provided with sufficient <u>information and training</u> * to complete it safely? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Are all of the identified <u>controls in place and effective</u> ? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| Are all hazards to health <u>adequately controlled</u> ? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

* As a minimum, ensure a copy of this assessment (and any relevant MSDS) is available to persons carrying out this task

Section 9 – Document Control / Authorisation

| Checked and Authorised By (Name) : | Checked and Authorised By: (Sign) | Date: |
|------------------------------------|-----------------------------------|------------|
| Matthew Duffy Grad IOSH | <i>M. Duffy</i> | 27/10/2021 |

Section 10 – Record of Training

The following people have been inducted on this COSHH Assessment and associated Safe System of Work (SSoW) and have been given the opportunity to ask questions. They agree to comply with the specified arrangements and control measures and will seek further advice if the work activity changes and/or the agreed controls cannot be implemented for any reason.

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| Name | Date | Signature |
|------|------|-----------|
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- This form aids in assessing the risks associated with the use of chemicals and other substances hazardous to health
- It does not address the risks associated with biological agents or ionising radiation
- With respect to DSEAR, this form may be used to assess risks arising from small scale operations where hazard zoning is not necessary and the controls required largely mirror those in the COSHH Regulations
- This form is not suitable for assessing flammability and/or explosion risks from large scale operations or where hazard zoning is required (as this will require a more detailed assessment)

