Somerset Council

# HS08 Hazardous Substances Guidance

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# Purpose of this Guidance

SC has a duty to protect its employees and others from the risks of becoming ill as a result of being exposed to hazardous substances. Such substances include chemicals, dusts and fumes, vapours, mists, gases, germs and nanotechnology.

We do this by assessing and controlling the risks arising from hazardous substances in our workplaces, as required by the COSHH Regulations 2002. This Guidance explains how we do this.

Details are also given on how to record the findings of COSHH assessments by using the COSHH Assessment Form (HS F08) (schools) and COSHH Assessment app (corporate).

The risk assessment form explains how substances are to be used, stored and disposed of. It also describes how to deal with spillages, and what first aid measures are suitable for those who are affected by the substance. Non-native speaking or employees / visitors with sensory impairments should be presented the relevant information in a way that can be understood by them and information materials should be provided in a format accessible to the individual.

This Guidance does not refer to asbestos, lead or radioactive substances, which have their own set of regulations and Somerset Council Policies and Guidance.

# Key messages

- All hazardous substances require a COSHH risk assessment to be completed for them.
- All employees should be provided with user friendly information and appropriate training on the nature of the hazardous substances they work with.

# Manager's Guidance to controlling hazardous substances

## Key terms

**'COSHH'** refers to the Control of Substances Hazardous to Health Regulations 2002.

**'Hazardous substances'** includes not only those substances used directly in work activities (e.g. cleaning fluids, adhesives, paints), but also substances generated during work activities (e.g. fumes from soldering and welding), and naturally occurring substances (e.g. grain dust).

A **'control measure'** is an arrangement put in place to prevent the hazard causing harm e.g. eliminating use of the substance, dilution, ventilation.

A **'material safety data sheet'** is a document provided by the manufacturer or supplier giving safety and technical information on a particular product.

**‘PPE’** is Personal Protective Equipment.

A risk assessment is **‘suitable and sufficient’** if it is carried out with enough detail to deal with the degree of risk involved.

The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the **‘CLP’ Regulation** came into force on 20th January 2009. These regulations adopt a globally harmonised system (GHS) on the classification and labelling of chemicals and replace the Chemicals (Hazard, Information and Packaging for Supply) Regulations 2009 **(CHIP)** from 1st June 2015. Substances and mixtures that are placed on the market should be classified, labelled and packaged appropriately by using the GHS, thus ensuring that the same classifications and labelling are being used throughout the world.

**‘Workplace Exposure Limits’ (WELs)** are occupational exposure limits set under the COSHH Regulations for certain dangerous substances. WELs are concentrations of hazardous substances in the air, averaged over a specific period of time. Two time periods are used – long term (8 hours) and short term (15 minutes). Short-term exposure limits are set to help prevent effects such as eye irritation which may occur following exposure for a few minutes.

**Forms of Chemical Agents:**

- **Solid** - a solid block of material (e.g. a lead ingot).
- **Dust** - very small solid particles normally created by grinding, polishing, milling, blasting etc. and capable of becoming airborne (e.g. flour dust, rock dust).
- **Fume** - very small metallic particles that have condensed from the gaseous state during work with molten metal (e.g. welding) to create an airborne cloud).
- **Gas** - a basic state of matter, it expands to fill the space available (e.g. carbon dioxide $CO_2$)
- **Mist** - very small liquid droplets suspended in air, normally created by spraying (e.g. paint spraying)
- **Vapour** - the gaseous form of a substance that exists as a solid or liquid at normal temperature and pressure (e.g. vapour given off by acetone solvent).
- **Liquid** - a basic state of matter, free-flowing liquid (e.g. water at 20$^{o}$C).

**Forms of Biological Agents:**

- **Fungi** - moulds, yeast and mushrooms. Most are harmless to humans, but some can cause disease, such as fungal infections (e.g. athlete’s foot) and farmer’s lung (an allergic reaction caused by inhaling mould spores).
- **Bacteria** - single-celled organisms that are found in vast numbers in and on the human body. Some are harmless, some are beneficial (e.g. certain gut bacteria) and some cause disease (e.g. Legionnaires’ disease or leptospirosis).
- **Viruses** - very small infectious organisms that reproduce by hijacking living cells to manufacture more virus and many any cause disease (e.g. hepatitis).

## Which hazardous substances are covered by COSHH?

Under the COSHH Regulations there are a range of substances regarded as being potentially hazardous to health:

### a) substances identified as having hazardous properties, depicted by the following pictogram on the label


### b) any substance allocated a workplace exposure limit (WEL) by the HSE

These substances, and their exposure limits, are listed in the HSE publication *EH40/2005 Workplace exposure limits*. http://www.hse.gov.uk/coshh/table1.pdf.

### c) any dust in significant quantities

### d) any micro-organisms in a work activity which create a health hazard

Biological agents are covered by COSHH if they are directly connected with work or if exposure is incidental to work, such as with farming or health care.

### e) certain other substances that can cause an ill effect (e.g. fumes)

However, not all substances are covered by the COSHH Regulations. In the case of commercial chemicals, if there is no hazard warning label, the substance will normally not be covered by COSHH. For example:

- Products where there isn't a warning label present such as on water-based marker pens, 'pritt-stick' type glue pens or some brands of ordinary household washing up liquid. Therefore, the COSHH Regulations do not apply.
- But there *is* a CLP warning symbol on bleach and certain brands of ordinary household washing up liquid. So, the requirements of COSHH do apply to the use of bleach and those brands of ordinary household washing up liquid at work, wherever a hazard symbol is displayed.

Other substances that are not covered by the COSHH Regulations are:

- Asbestos and lead, which have their own set of regulations.
- Substances which are hazardous because they are either radioactive, simple asphyxiates, substances at high pressure, extreme temperature, or have explosive or flammable properties. Other regulations apply to these risks.
- Biological agents if they are not directly connected with work and they are outside the employer's control, such as catching a cold from a work colleague.

**If you are unsure about whether a substance is covered by COSHH or not, contact the Health & Safety Service by email CHSU@somerset.gov.uk or phone 01823 355089.**

## Routes of entry for hazardous substances into the body

### Inhalation

The substance is breathed in through the nose and mouth and down into the lungs. This is a significant route of entry for many hazardous substances in the gas, vapour, mist, fume or dust form. People have to breathe; if the hazardous substance is present in the air around them, then it will be inhaled.

Dust can be inhaled through the nose and mouth in this way, but not all dust will travel down into the lungs. Dust is made up of small particles of various diameters. Large dust particles are filtered out by the lung's defence mechanisms before they can travel down into the lungs; smaller particles are not trapped by these defences and will travel deep into the lungs.

There are two types of dust:

1. **Inhalable dust** - particles of all sizes that can be inhaled into the nose and mouth.
2. **Respirable dust** - particles less than 7 microns (7/1000mm) in diameter that can travel deep into the lungs or inhaled breath.

### Ingestion

The substance is taken in through the mouth and swallowed down into the stomach and then moves on through the digestive system. This is a less significant route of entry since people are unlikely to deliberately swallow a hazardous substance. Ingestion usually occurs by cross-contamination (of the hands by a toxic substance) or by mistaken ingestion.

### Absorption through the skin

The substance passes through the skin and into the tissues beneath them into the bloodstream. Only some substances (e.g. organic solvents) are able to permeate the skin in this way, but when they can, this route can be very significant, since any skin contact allows absorption.

### Injection through the skin

The substance passes through the skin barrier either by physical injection (e.g. a needle-stick

injury) or through damaged skin (e.g. cuts and grazes). This route is significant for many biological agents (e.g. hepatitis).

## Health Effects

### Classification effects in more detail

**Toxic** - small doses causes death or serious ill health when inhaled, swallowed or absorbed via the skin (e.g. potassium cyanide).

**Harmful** - causes death or serious ill health when inhaled, swallowed or absorbed via the skin in large doses.

**Corrosive** - destroys living tissue on contact (e.g. concentrated sodium hydroxide).

**Irritant** - causes inflammation of the skin or mucous membranes (e.g. eyes and lungs) through immediate, prolonged or repeated contact (e.g. ozone).

**Carcinogenic** - may cause cancer (abnormal growth of cells in the body) when inhaled, swallowed or absorbed via the skin (e.g. asbestos).

### Asthma

A condition where the airways of a person's lungs become irritated in response to a trigger, constricting in size and producing excess mucus, making breathing difficult.

### Dermatitis

A non-infectious skin condition where the skin becomes dry, flaky, cracked and painful. Usually reversible with treatment. There are two main types of dermatitis associated with exposure to hazardous substances:

1. **Primary contact dermatitis** occurs following an immediate, repeated or prolonged contract with a primary skin effecting irritant. This dermatitis is restricted to the skin that was in contact with the irritant substance only.
2. **Allergic or secondary contact dermatitis** occurs following immediate, repeated or prolonged contact with a skin-sensitising agent. This form of dermatitis often appears on different parts of the body other than the point of contact with the substance which can flare up in response to very small exposures once the person has become sensitised.

### Acute health effects

These occur as a result of exposure to high levels of the substance, sometimes over very short periods of time, and usually quite quickly after exposure begins (seconds, minutes or hours); e.g. exposure to high concentrations of chorine gas causes immediate irritation to the respiratory system.

The adverse effects appear after a single or short-term exposure to the agent with rapid or immediate response, but in most case, recede on cessation of exposure.

### Chronic health effects

These occur as a result of exposure to lower levels of the substance over long periods of time, usually weeks, months or years after exposure began, e.g. asbestosis occurs 10-20 years after multiple exposure to asbestos.

The adverse effects result from prolonged or repeated exposure to the agent and are usually gradual, may go unrecognised for long periods of time but are often progressive and irreversible.

## COSHH: The 6 steps

1. Assess the risks
2. Prevent or adequately control exposure
3. Ensure that control measures are used and maintained
4. Monitor exposure
5. Carry out appropriate health surveillance
6. Ensure that employees are properly informed, trained and supervised

### a) Identify the hazardous substances present in your workplace

**Step 1: Assess the risks**

Look at Which hazardous substances are covered by COSHH and note down any substances that fulfil any of the criteria.

Check any new substances being brought into (or created in) the workplace, to see if they are 'hazardous substances' under the COSHH Regulations. If they are, you will need to carry out a COSHH assessment before the substance is allowed into use.

### b) Obtain product or material safety data sheets

Suppliers of hazardous chemicals (as classified above) are required to provide a safety data sheet for all products covered by CLP. This data sheet will contain information essential for the COSHH assessment.

### c) Carry out a COSHH Assessment

Use the COSHH Assessment Form (HS F08) (schools) or COSHH Assessment app (corporate).

The SC form and app are intended to take risk assessors through each step of the assessment process, using this Guidance for background information.

The COSHH Assessment involves making a judgement on how likely it is that a hazardous substance will affect someone's health. You need to ask yourself:

- **Hazardous nature** of the substance present – is it toxic, corrosive, carcinogenic, etc.?

- **Potential ill-health effects** – will the substance cause minor ill health or very serious disease, and will these result from short-term or long-term exposure?
- **Physical forms** that the substance takes in the workplace – is it a solid, liquid, vapor, dust, fume etc.?
- **Routes of entry** the substance can take in order to cause harm – is it harmful by inhalation, ingestion, skin absorption, etc?
- **Quantity** of the hazardous substance present in the workplace – including the total quantities stored and the quantities in use or created at any one time.
- **Concentration** of the substance – if stored or used neat or diluted, and the concentration in the air if airborne.
- **Number of people** potentially exposed and any vulnerable groups or individuals - such as pregnant workers or the infirm.
- **Frequency** of exposure – will people be exposed once a week, once a day or continuously?
- **Duration** of exposure – will exposure be very brief, last for several hours or last all day?
- **Control measures** that are already in place – such as ventilation systems and personal protective equipment (PPE).

Your employees, their safety representatives or safety committee should be involved in assessments. They have valuable contributions to make. They must also be informed of the results of assessments.

## Step 2: Prevent or adequately control exposure

If you identify significant risks, you then need to decide on the action required to remove or reduce these risks to acceptable levels.

For chemicals with safety data sheets, standard precautions should be clearly stated. You should consider whether these will be sufficient for you.

COSHH requires you firstly to **prevent** exposure to hazardous substances, if it is reasonably practicable to do so. Can you:

- **Avoid** using a hazardous substance or use a safer process – preventing exposure, e.g. using water-based rather than solvent-based products, applying by brush rather than spraying?
- **Substitute** it for something safer – e.g. swap an irritant cleaning product for something milder, or using a vacuum cleaner rather than a brush?
- **Use a safer form**, e.g. can you use a solid rather than liquid to avoid splashes or a waxy solid instead of a dry powder to avoid dust?

If prevention is not reasonably practicable, you must adequately control exposure. You should consider and put in place measures appropriate to the activity and consistent with the risk assessment, including, in order of priority, one or more of the following:

- **Use appropriate work processes, systems and engineering controls, and provide suitable equipment and materials,** e.g. use processes which minimise the amount of material produced, or equipment which totally encloses the process.

- **Control exposure at source** (e.g. local exhaust ventilation) and reduce the number of employees exposed to a minimum, the level and duration of their exposure, and the quantity of hazardous substances used or produced in the workplace.
- **Provide personal protective equipment** (e.g. gloves or masks), but only as a last resort and never as a replacement for other control measures which are required.

## Step 3: Ensure that control measures are used and maintained

COSHH requires your employees to make proper use of control measures and to report defects.

However, it is your responsibility to take all reasonable steps to **ensure** that they do so.

This could mean that if an employee persistently refuses to follow instructions to wear PPE, you will have to make it a disciplinary matter.

COSHH places duties on you to ensure that equipment such as LEV (local exhaust ventilation) is maintained. LEV also must be examined every 14 months. Records of examinations and tests (or a summary of them) must be kept for at least five years.

You also need to regularly check that systems of work are still effective.

## Step 4: Monitor exposure

If a COSHH assessment concludes that any of the following is the case, then monitoring is required to ensure that employees are not exposed to substances above acceptable concentration limits:

**a)** There could be serious risks to health if control measures failed or deteriorated.
**b)** Exposure limits might be exceeded.
**c)** Control measures might not be working properly.

This monitoring is done by Somerset Scientific Services, and they can be contacted by emailing scientificservices@somerset.gov.uk.

## Step 5: Carry out appropriate health surveillance

The COSHH Regulations requires health surveillance to be carried out where:

- Employees are exposed to a substance linked to a particular disease or adverse health effect.
- There is a reasonable likelihood of that disease or effect occurring.
- It is possible to detect the disease or health effect.

Employers checklist for COSHH health surveillance:

1. Do I have a health risk problem, or a need for occupational health input, in my workplace?

2. What/who do I need to control/provide it?
3. Take that action.
4. Is it working (check on what has been done)?

Health surveillance might involve examination by a doctor or trained nurse. Trained supervisors could, for example, check employees' skin for dermatitis, or ask questions about breathing difficulties where work involves substances known to cause asthma.

If any monitoring or health surveillance is required then this should be raised with your manager who will place a request via Occupational Health, corporate users see Occupational Health (sharepoint.com). For schools, email: Customer.Support@medigold-health.com or phone: 0330 3903370 (select option 1, then option 1 again).

This will then be forwarded to the service provider who can undertake a surveillance assessment. If there are any unreasonable delays from Occupational Health for COSHH related referrals, then please notify the Health & Safety Service on 01823 355089 who can contact the service provider on your behalf.

## Step 6: Ensure that workers are informed, trained and supervised

Your control measures will not be effective if your employees do not know their purpose, how to use them properly, or the importance of reporting faults.

COSHH therefore requires you to ensure that employees understand the risks from the hazardous substances they could be exposed to. Information must be provided in a manner and form in which it will be understood.

You need to provide employees with information, instruction and training to include:

- The names of the substances they work with or could be exposed to, and the risks created by such exposure, and access to any safety data sheets that apply.
- The main findings of your COSHH risk assessments.
- The precautions they should take to protect themselves and other employees.
- How to use personal protective equipment and clothing provided.
- Results of any exposure monitoring and health surveillance.
- Emergency procedures which need to be followed.

You should update and adapt the information, instruction and training to take account of any significant changes in the type of work carried out or work methods used.

If the employee has any individual characteristics where their health or wellbeing could be compromised by the use of any hazardous substances they should discuss this with their line manager or supervisor before using them.

## Principles of good practice

Good practice in the control of substances hazardous to health can be encapsulated in the eight generic principles set out in Schedule 2A of the regulations. They must all be applied to obtain effective and reliable control. The principles overlap in their application. They are not ordered by rank – the first is not more important than the last – although there is logic to their overall order of presentation.

1. Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
2. Take into account all relevant routes of exposure – inhalation, skin and ingestion – when developing control measures.
3. Control exposure by measures that are proportionate to the health risk.
4. Choose the most effective and reliable control options that minimise the escape and spread of substances hazardous to health.
5. Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
6. Check and review regularly all elements of control measures for their continuing effectiveness.
7. Inform and train all employees on the hazards and risks from substances which they work, and the use of control measures developed to minimise the risks.
8. Ensure that the introduction of measures to control exposure does not increase the overall risk to health and safety.

## Safety Data Sheet Guide

Safety data sheets contain the following information:

1. **Identification of the substance and of the company** – including name, address and emergency contact phone numbers.
2. **Hazards identification** – a summary of the most important features, including adverse health effects and symptoms.
3. **Composition /information on ingredients** – chemical names.
4. **First aid measures** – separated for the various risks, practical and easily understood.
5. **Fire-fighting measures** emphasising any special requirements.
6. **Accidental release measures** – covering safety, environmental protection and clean-up.
7. **Handling and storage** – recommendations for best practice, including any special storage conditions or incompatible materials.
8. **Exposure controls /personal protection** – any specific recommendations, such as particular ventilation systems and PPE.
9. **Physical and chemical properties** – physical stability and solubility properties.
10. **Stability and reactivity** – conditions and materials to avoid.
11. **Toxicological information** – acute and chronic effects, routes of exposure and symptoms.
12. **Ecological information** – environmental effects, which could include effects on aquatic organisms etc.
13. **Disposal considerations** – advice on specific dangers and legislation.
14. **Transport information** – special precautions.
15. **Regulatory information** – overall classification of the product and any specific legislation that may be applicable.
16. **Other information** – any additional information (e.g. explanation of abbreviations used).

# COSHH Checklist for Managers

| | Question | Comments |
|---|---|---|
| **1** | Have all potentially hazardous substances that staff in areas under your control use, or may be exposed to, been identified? | |
| **2** | Have checks been carried out to identify how substances are purchased or brought in? *(Are people bringing in any 'unauthorised' substances?)* | |
| **3** | Have up-to-date product safety data sheets been obtained for supplied substances? | |
| **4** | Has relevant information on substances that are not supplied (e.g. by-products of processes, such as dust or fumes) been obtained? | |
| **5** | Has a COSHH risk assessment been carried out for each of the substances covered by COSHH? | |
| **6** | Have the findings of COSHH risk assessments been communicated to people using, or exposed to the substance? | |
| **7** | Have any additional training and/or information needs been identified? Are actions being taken to implement these additional needs? | |
| **8** | Are COSHH risk assessments available or accessible to employees using, or exposed to the substances? | |
| **9** | Are arrangements in place to monitor the effectiveness and use of control measures?<br>*(e.g. is Local Exhaust Ventilation being maintained, is Personal Protective Equipment PPE in good condition, are staff using (PPE), are there any other factors or characteristics an individual may have, which could be a hazard to them by using this equipment?)* | |

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| **10** | Are COSHH risk assessments reviewed on an annual basis? (To ensure that they are still relevant.) | |

# Training

For users and managers who are completing and reviewing COSHH assessments via the app (corporate), a training guide can be found on the Safety Portal page.

The Learning Centre (TLC) has a virtual course for the Control of Substances Hazardous to Health.

For schools, the Blackboard Learn platform includes a COSHH course with a quiz and YouTube videos.

This poster is a useful reminder to display in cleaning cupboards/staff notice boards: Chemicals poster (hse.gov.uk).

## Using hazardous substances safely information for employees

| **Information for employees** | |
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| **What instruction and training your manager need to give to you:** | • Names of the hazardous substances you work with and which you could be exposed to.<br>• Risks created by the use of the substances, including the substances' safety data sheets.<br>• Main findings of the risk assessment.<br>• Precautions you should take to prevent exposure.<br>• How to use any personal protective equipment (PPE) and clothing you are provided with.<br>• Results of any exposure monitoring and health surveillance.<br>• Emergency procedures to follow in case of any accident or incident involving a substance hazardous to health. |
| **What you need to do:** | • Co-operate with your employer to help your employer comply with the COSHH Regulations 2002.<br>• Make proper use of control measures, including personal protective equipment (PPE).<br>• Return equipment after use to any storage place and report any defects found in the equipment.<br>• Attend medical examinations at the appointed time and give any information about your health as may be reasonable.<br>• Report any accident or incident which could have resulted in the release of a biological agent into the workplace which could cause severe human disease. |

# FAQ's

**Q: Why do we need COSHH risk assessments?**

A: The product safety data sheets contain important information about the product's hazards and how to manage these. However, each product needs a risk assessment completed as additional questions are asked, such as how often and how much of the product is used in the location, who is at risk, and could an alternative product be used?

The risk assessment app/form is clearly laid out so you can immediately find the first aid requirements or instructions of how to dispose of the product. In your COSHH folder you will need the safety data sheet along with the completed risk assessment for each product, and you may wish to add a contents page or A to Z dividers. Once the risk assessments are completed, they must be shared with relevant staff members.

**Q: Due to the numerous leaks in the roof at our library we are now getting patches of mould including in spaces where there is low ventilation. We are asking the cleaning company if they are happy to clean/wipe it down but based on the issues raised by the service manager are there any other actions FM should be taking?**

A: The main risk here is from the formation of mould because of the condensation and lack of ventilation is it can pose respiratory risks such as asthma to children or others that have underlying health conditions. Natural ventilation and clearance of the condensation to eliminate the formation of mould and if the area can be heated for example through temporary heaters to provide a more comfortable temperature, this would be among the control measures. Ask FM to provide temporary heaters or a dehumidifier.

The library cleaning team can use mould removal products but would need to complete a COSHH risk assessment and follow the product removal method so not to disturb/release the mould into the atmosphere. If you are using an external cleaning contractor, you will need to read their risk assessment on the product they are using.

**Q: How often should I review COSHH risk assessments?**

A: An assessment should be revisited to ensure that it is kept up to date and you should do this regularly. The date of the first review and the length of time between successive reviews will depend on type of risk, the work, and your judgement on the likelihood of changes occurring. The assessment should be reviewed immediately if:

- There is any reason to suppose that the original assessment is no longer valid, e.g. evidence from the results of examining and testing engineering controls, reports from supervisors about defects in control systems.
- Any of the circumstances of the work should change significantly and especially one which may have affected employee's exposure to a hazardous substance.

Remember, the requirement is for a review of the assessment. This does not mean that the whole assessment process will have to be repeated at each review. The first purpose of review is to see if the existing assessment is still suitable and sufficient. If it is, then you do not need to do any more.

If it appears that the assessment is no longer valid, it does not mean that the whole assessment has to be revised.  Only those parts that do not reflect the new situation need amending.

Whether or not there is any real change in the situation, there is an absolute requirement to review the situation on a regular basis. Without this, there is a danger that gradual change over a period of time goes unnoticed and the assessment becomes unsuitable and insufficient by default.

**Q: How do I carry out a COSHH assessment for a substance that does not have a Safety Data Sheet, for example dust?**

A: Some substances are process generated, for example wood dust released from sawing wood. You should regard a substance as hazardous to health if it is hazardous in the form in which it occurs in the work activity. You should find out if there are any health effects associated with working with the hazardous materials identified and look at how workers could be exposed, for example do you use a dry brush to sweep up dust? Use this information to evaluate risks to health and minimise exposure by taking sensible measures, such as using a vacuum cleaner instead of a brush or keeping lids on containers. HSE's How do I carry out a COSHH risk assessment? provides more information.

# Governance Arrangements

## Review and Revision

This Guidance will be reviewed as it is deemed appropriate, but no less frequently than every 36 months. Policy review will be undertaken by rolling programme established by the Health and Safety Service and agreed by the Health, Safety, and Wellbeing Steering Group.

## Version History

| Revision Date | Author | Version | Description of Revision |
|---|---|---|---|
| January 2025 | Pam Price | V001 | New Guidance |
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# References and Links

## Internal Documents

- Somerset Council Responsibilities Policy: HS02 H&S Responsibilities
- HS03 Reporting & Investigating H&S Incidents
- HS08 Hazardous Substances Policy
- Somerset Scientific Services – Expert asbestos, water, workplace and environmental testing in the heart of the Southwest

## External Documents

- Health and Safety Executive website: www.hse.gov.uk/coshh
- The Control of Substances Hazardous to Health Regulations 2002
- Control of substances hazardous to health (Sixth edition) - L5 (hse.gov.uk)
- EH40/2005 Workplace exposure limits (hse.gov.uk)
- Chemicals poster (hse.gov.uk)
- Working with substances hazardous to health: A brief guide to COSHH (hse.gov.uk)
- A step-by-step guide to COSHH assessment - HSG97 (hse.gov.uk)
- Health surveillance process