

## **COSHH Risk Assessment**

## **JANGRO CHLORINE TABLETS**

**Product Code: BC013** 



PROCESS STAGE	POTENTIAL RISK	CONTROL MEASURES	ACTION REQUIRED
	DE	LIVERY	
Packaged in polythene tubs	Risk of spillage if the container is dropped.	Take care not to drop tubs. Ensure that the lid is secured at all times.	Transfer tubs to store immediately following delivery.
	STC	RAGE	
Store in a cool, dry, well-ventilated area. Keep container tightly closed. Store locked up. Keep away from heat/sparks/open flames/hot surfaces – no smoking.	Product is potentially flammable with the release of chlorine gas. May intensify fire; oxidiser. Chlorine gas (toxic) will be liberated if mixed with acids. Minimal risk of spillage if caps are firmly in place. Lids are not child proof.	Restrict access to storage areas to authorised personnel. Keep the store well ventilated. Clear up spills immediately. Store away from all incompatible and combustible materials.	Use oldest stock first. Make regular checks to ensure that container is not split or blown/damaged. Make regular checks to ensure that storage area is clean and dry.
	U	SAGE	
Tablets are dissolved in warm or cold water to provide a disinfectant solution.	Risk of eye contact. Risk of skin contact. Risk of ingestion. Risk of inhalation.	Handle the tubs and tablets with care. Brush up spillages immediately. Ensure that the tub is returned to the store when not in use.	Provide employees with PPE as follows:
	DIS	POSAL	
Residual stocks must be disposed of in line with Local Authority Guidelines Do not release into surface water.	Product is very toxic to aquatic organisms and may cause long-term adverse effects in the aquatic environment. Small risk of skin or eye contact. Risk of contamination with other substances.	Ensure that the product is not disposed of via a rainwater sewer (i.e. drain outside the building). Wash out the container using plenty of water. Do not store any other material in the empty container. Ensure that the product is exhausted before disposal.	Ensure that all operatives wear Personal Protective Equipment at all times during disposal.
Name of Assessor:		Signed:	Print:
Position:		Date of Assessment:	Review Date: