

Product Risk Assessment

| | | | | |
|--------------------|---------------|--|----------------|---------------|
| Paint Brush | | | QC Dept | |
| Assessors Name | Chris Harris | | Date | 29 March 2018 |
| Reviewed By | Mark Richards | | Issue No | 1 |
| Approved By | Mark Richards | | | |

UNIT A - ASSESSMENT OF RISK

SECTION A1 Description of product being assessed

A range of paintbrushes, emulsion, masonry, woodcare and other brushes, brooms and shoecare brushes.

SECTION A2 HAZARD IDENTIFICATION

38.25

| | | | | | | | | |
|--|--------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|--------------------|--------------------|
| | Choking/ Asphyxiation (e.g. small parts that fit within test cylinders, pen cap, size and shape) | ✓ | Laceration (e.g. sharp points & edges, shattered glass, metal flash) | | Strangulation | | Other 1 Specify | Other 1 Specify |
| | Entrapment (i.e. entrapment of body part in object) | | Accumulative Harmful Effects | | Suffocation | | Other 1 Specify | Other 1 Specify |
| | Fire hazards & flammable material | | Vibration / noise | | Slips / trips / falls | | Other 1 Specify | Other 1 Specify |
| | Exposure to Hazardous Substances | | Toxicity / allergic reaction / microbiological / infestation | | Vibration / noise | | Other 1 Specify | Other 1 Specify |
| | Burns / scalds (e.g. heat, chemical) | | Interference with safe activity - product features that can limit hearing, vision, movement of limbs (e.g. a mask) | | Repetitive strain injury | | Other 1 Specify | Other 1 Specify |

SECTION A3 PERSONS AT RISK

| | | |
|--------------------------------------------------|---------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> 0 - 3 Years | <input checked="" type="checkbox"/> 11 - 16 Years | <input type="checkbox"/> Other - Specify |
| <input checked="" type="checkbox"/> 3 - 5 Years | <input checked="" type="checkbox"/> 17 - 65 Years | <input type="checkbox"/> Other - Specify |
| <input checked="" type="checkbox"/> 6 - 10 Years | <input checked="" type="checkbox"/> 65+ Years | <input type="checkbox"/> Other - Specify |

SECTION A4 EXISTING PROCEDURES AND CONTROLS TO MINIMISE THE IMPACT OF IDENTIFIED HAZARDS

Please list details in order of priority

| Hazard Ref No. | Hazard | Hazard Description | Existing Controls in place to reduce risk | Likelihood | Severity | Exposure | Risk Value | Risk Rating |
|----------------|----------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|------------|----------|----------|------------|-------------|
| 1 | Laceration (e.g. sharp points & edges, shattered glass, metal flash) | Possibility of a sharp edge on the ferrule or handle | Inspected on Site to ensure edges are not sharp on Ferrule & handle | 2 | 1 | 1 | 2 | Low |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | 0 | |
| 6 | | | | | | | 0 | |
| 7 | | | | | | | 0 | |
| 8 | | | | | | | 0 | |

SECTION A5 HAZARDOUS SUBSTANCES - Ref COSHH ASSESSMENTS & MSDS SHEETS

Please provide details of any hazardous / harmful substances used during the activity or process

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

SECTION A6 RELEVANT ADDITIONAL DOCUMENTATION

SECTION B1 NON-CONFORMITIES - RECOMMENDED CORRECTIVE ACTIONS

(Numbers should correspond to Hazard reference)

