

HEALTH, SAFETY, AND ENVIRONMENTAL PROCEDURES



COSHH ASSESSMENT

ACTIVITY/PRODUCT TO BE ASSESSED:	JOWATHERM REACTANT (607.30) (Adhesive)	REFERENCE:	COSHH 006		
		DATE:	21/01/2021		
ORGANISATION:	Humphrey and Stretton Limited				
DESCRIBE THE ACTIVITY OR WORK PROCESS:	Used for gluing fire door components.				
LOCATON OF PROCESS BEING CARRIED OUT:	Used in the manufacturing and joinery areas				
IDENTIFY PERSONS AT RISK:	The Operative <input checked="" type="checkbox"/>	Other Employees <input checked="" type="checkbox"/>	Other Contractors <input type="checkbox"/>	Any Visitors <input type="checkbox"/>	General Public <input type="checkbox"/>

EUROPEAN CLASSIFICATION (CLP REGS) (Mandatory from 01/06/15)

	Toxic <input checked="" type="checkbox"/>		Corrosive <input type="checkbox"/>
	Flammable <input checked="" type="checkbox"/>		Oxidising <input type="checkbox"/>
	Gas Under Pressure <input type="checkbox"/>		Danger to Environment <input checked="" type="checkbox"/>
	Explosive <input type="checkbox"/>		Caution / Irritant <input checked="" type="checkbox"/>
	Serious - Long-Term Health Hazard <input checked="" type="checkbox"/>		

TYPE OF HAZARD:	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>
	Dust <input type="checkbox"/>	Liquid <input type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>

STATE THE RISKS TO HEALTH FROM IDENTIFIED HAZARDS:	<p>HEALTH HAZARDS: (ACUTE AND CHRONIC)</p> <p>Inhalation - acute:</p> <p>MDI vapours or mist at concentrations above TLV can irritate (burning sensation) the mucous membranes in the respiratory tract (nose, throat, lungs) causing runny nose, sore throat, coughing, chest discomfort, shortness of breath and reduced lung function (breathing obstruction).</p> <p>Persons with a pre-existing, nonspecific bronchial hyper reactivity can respond to concentrations below the TLV with similar symptoms as well as asthma attack.</p> <p>Exposure well above the TLV may lead to bronchitis, bronchial spasm, and pulmonary oedema (fluid in lungs). These effects are usually reversible.</p>
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Chemical or hypersensitive pneumonitis, with flu-like symptoms (e.g., fever, chills) has also been reported.

These symptoms can be delayed up to several hours after exposure.

Inhalation - chronic:

As a result of previous repeated overexposures or a single large dose, certain individuals develop isocyanate sensitization (chemical asthma) which will cause them to react to a later exposure to isocyanate at levels well below the TLV.

These symptoms, which can include chest tightness, wheezing, cough, shortness of breath or asthma attack, could be immediate or delayed (up to several hours after exposure).

Similar to many non-specific asthmatic responses, there are reports that once sensitized an individual can experience these symptoms upon exposure to dust cold air or other irritants.

This increased lung sensitivity can persist for weeks and in severe cases for several years.

Overexposure to isocyanates has also been reported to cause lung damage (including decrease in lung function) which may be permanent.

Sensitization can either be temporary or permanent.

Skin - acute:

Isocyanates react with skin protein and moisture and can cause irritation which may include the following symptoms: reddening, swelling, rash, scaling or blistering. Cured material is difficult to remove.

Skin - chronic:

Prolonged contact can cause reddening, swelling, rash, scaling, blistering, and in some cases, skin sensitization.

Individuals who have developed a skin sensitization can develop these symptoms as a result of contact with very small amounts of liquid material or as a result of exposure to vapour.

Eye contact - acute:

Liquid, aerosols, or vapours are irritating and can cause tearing, reddening, and swelling.

If left untreated, corneal damage can occur and injury is slow to heal.

However, damage is usually reversible. See emergency & first aid procedures.

Eye contact - chronic: None found.

Ingestion - acute:







Can result in irritation and corrosive action in the mouth, stomach tissue and digestive tract.


Symptoms can include sore throat, abdominal pain, nausea, vomiting and diarrhoea. Ingestion is not considered a common occupational route to exposure.

Ingestion - chronic: None found.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE:

Asthma other respiratory disorders (bronchitis, emphysema, and bronchial hyper reactivity), skin allergies, eczema.

WORKPLACE EXPOSURE LIMITS (WELs)						
INGREDIENT:		SHORT TERM EXPOSURE LIMIT (15 MINS):		LONG TERM EXPOSURE LEVEL (8 HOUR TWA):		
DIPHENYL METHANE		0.2 mg/m ³ (10 min exposure) (NIOSH standard)				
PERSONAL PROTECTIVE EQUIPMENT (TYPE AND STANDARD):						
	Dust Mask	<input type="checkbox"/>			Visor	<input type="checkbox"/>
	Respirator	<input checked="" type="checkbox"/>	An air-supplied respirator must be worn during spray applications, during long-term exposures, above the TLV of 0.005ppm, or where airborne isocyanate concentrations are unknown. Any respirator used must be fit tested and timely replacement of filters elements must be ensured.		Glasses	<input checked="" type="checkbox"/>
	Gloves	<input checked="" type="checkbox"/>	Chemical resistant gloves (butyl rubber, nitrile rubber, Cover as much of the exposed skin area as possible with appropriate clothing. If skin creams are used, keep the area covered only by the cream to a minimum.		Overalls	<input checked="" type="checkbox"/>
						Wear liquid chemical goggles or full-face shield. Contact lenses should not be worn.
						Wear protective clothing.

	<p>Safety Footwear</p>		<p>Wear safety footwear</p>		<p>Other</p>	 <p>Medical supervision of all employees who handle or come in contact with isocyanates is recommended. These should include pre-employment and periodic medical examinations with respiratory function tests (FEV₁, FVC as a minimum). Persons with asthmatic-type conditions, chronic bronchitis, other chronic respiratory diseases or recurrent skin eczema or sensitization should be excluded from working with MDI. Once a person is diagnosed as sensitized to MDI, no further exposure can be permitted.</p>
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FIRST AID

ROUTE OF EXPOSURE:	SYMPTOM:	FIRST AID TO BE APPLIED:
<p>EYES</p>	<p>IRRITANT</p>	<p>Flush with copious amounts of water, preferably, lukewarm water for at least 15 minutes, holding eyelids open all the time. Refer individual to physician or ophthalmologist for immediate follow-up.</p> <p>Stain for evidence of corneal injury. If cornea is burned, instil antibiotic steroid preparation frequently. Workplace vapours have produced reversible corneal epithelial oedema impairing vision.</p>
<p>INGESTION</p>	<p>HARMFUL</p>	<p>Do not induce vomiting.</p> <p>Give 1 to 2 cups of milk or water to drink. Do not give anything by mouth to an unconscious person. Consult physician.</p> <p>Treat symptomatically. There is no specific antidote. Inducing vomiting is contraindicated because of the irritating nature of this compound.</p>
<p>INHALATION</p>	<p>HARMFUL</p>	<p>Move to an area free from risk of further exposure.</p> <p>Administer oxygen or artificial respiration as needed. Obtain medical attention.</p> <p>Asthmatic-type symptoms may develop immediately or delayed up to several hours. Consult physician should this occur.</p>

		<p>This compound is a known pulmonary sensitizer. Treatment is essentially symptomatic.</p> <p>An individual having a skin or pulmonary sensitization reaction to this material should be removed from exposure to any isocyanate.</p>
SKIN	IRRITANT/ SENSITIZER	<p>Remove contaminated clothing. Wash affected skin thoroughly with soap and water. Wash contaminated clothing thoroughly before reuse. For severe exposures, get under safety shower after removing clothing, and then get medical attention. For lesser exposures, seek medical attention if irritation develops or persists after the area is washed.</p> <p>This compound is a known skin sensitizer. Treat symptomatically as for contact dermatitis or thermal burns. If burned, treat as a thermal burn.</p>
PRECAUTIONS TO BE TAKEN WHEN DEALING WITH THE FOLLOWING:		
FIRE		<p>Flash point above 200/c during a fire, MDI and other irritating highly toxic gasses. May be generated by thermal decomposition or combustion. May form: Carbon monoxide and traces of HCN/MDI. Use Carbon Dioxide/Dry Chemical/Foam Spray for large fires.</p> <p>Firefighters: Wear self-contained breathing apparatus to avoid inhalation of smoke and vapours.</p> <p>STABILITY: Stable</p> <p>CONDITIONS TO AVOID: Avoid contact with water. Moisture or high humidity will cure or gel product.</p> <p>MATERIALS TO AVOID: Water, alcohols, strong bases, metal compounds, strong oxidizer.</p> <p>HAZARDOUS DECOMPOSITION AND BYPRODUCTS:</p> <p>Like most organic products it may form carbon monoxide, dioxide and oxide of nitrogen, and traces of HCN, MDI.</p> <p>EYE PROTECTION: Liquid chemical goggles or full-face shield. Contact lenses should not be worn.</p>
DISPOSAL		<p>Waste to be disposed of in line with environmental legislation. Only licenced waste contractor to dispose of waste.</p>
SPILLAGE		<p>STEPS TO BE TAKEN IN CASE MATERIALS IS RELEASED OR SPILLED:</p> <p>Sweep area and dispose of spilled material accordingly. This product is not listed as a hazardous waste.</p>
STORAGE		<p>Store in tightly closed container to prevent moisture contamination. Do not reseal if contamination is suspected. Avoid contact with skin and eyes. Do not breathe aerosols or vapours.</p> <p>Warning properties (irritation of the eyes, nose, and throat or odour) are not adequate to prevent chronic overexposure from inhalation.</p> <p>This material can produce asthmatic sensitization upon either single inhalation exposure to a relatively high concentration or upon repeated inhalation exposures to lower concentrations.</p> <p>Exposure to vapours of heated MDI can be extremely dangerous.</p>

ADDITIONAL CONTROLS TO BE APPLIED (E.G. EXTRACTION, TRAINING, SUPERVISION ETC.):					
N/A					
IS EXPOSURE ADEQUATELY CONTROLLED?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RISK RATING FOLLOWING CONTROL MEASURES:		High	<input type="checkbox"/>	Medium	Low
THIS ASSESSMENT CARRIED OUT REVIEWED BY:					
NAME:	Calogero Gattuso	SIGNATURE:	<i>Calogero Gattuso</i>	DATE:	22/01/2021
CONTROLS CHECKED BY:	Dave Humphrey	SIGNATURE:		DATE:	