



**CHEMICAL CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH
COSH ASSESSMENT**

COSHH REF: CA034

| | | | |
|--------------------|----------------------------------|----------------------------------|---|
| Product Name | Sprint Cream Cleaner | Manufacturer and Contact Details | Diversey Ltd Weston Favell Centre, Northampton NN3 8PD Tel: 01604 405311, Fax: 01604 406809 |
| Site / Area of Use | Various sites Client premises | Main Use | Multi purpose cream cleaner |

| | | |
|------------------------------|------------|------------------------|
| Assessor | Date | Date of Review |
| Reviewed by: Joanna Goode | April 2024 | Next Review April 2025 |
| Reviewed by: Joanna Goode | April 2025 | Next Review April 2026 |
| Reviewed by: Joanna Goode | March 2026 | Next Review April 2027 |

Note: This assessment should be completed with reference to the product data sheet if one is available. A copy of the assessment should be kept with an up to date copy of the product data sheet.

| | | | | | | | | | |
|------|--------|--------|-----|-------|------|------|---------|--------|--------|
| Form | Liquid | Vapour | Gas | Solid | Dust | Mist | Aerosol | Powder | Other: |
|------|--------|--------|-----|-------|------|------|---------|--------|--------|

Chemical Classifications:

| | | | | | | |
|-----------|-----------------------------------|-----------|------------------------|---|---|-----------------------------|
| Danger | Irritant – serious eye irritation | Toxic | Highly/Extremely Toxic | Corrosive | Contains a sensitizer | Other |
| Flammable | Highly/extremely flammable | Explosive | Warning | Contains a possible Carcinogen /Mutagen | Biological agent (Bacteria/Mould/Virus) | Not Classified as hazardous |

Main Route of Entry

| | | | | |
|------------|-----------|--------------------------------------|-----------|------------------------|
| Inhalation | Ingestion | Absorption – splashes onto the skin. | Injection | Other: Splashes to eye |
|------------|-----------|--------------------------------------|-----------|------------------------|

2015 Safety Data Sheet available? Yes

How is the chemical used or applied? By cloth direct to the surface

area What other substances are mixed with this chemical? None

How could exposure occur? During application

Form Issue 01 Issue Date Authorised by C Losh



Does the substance or any of its constituent parts have a WEL? Propanol – see SDS

for limits Where does exposure take place?

| | | | |
|--------------------------------|----------------------------------|----------|-------|
| Indoors - well ventilated area | Indoors - poorly ventilated area | Outdoors | Other |
|--------------------------------|----------------------------------|----------|-------|

Who is at risk?

| | | | |
|-------------------------|-------------|----------|--|
| Employees Approx. No | Contractors | Visitors | Others : (Please state) Young people / Pregnant workers |
|-------------------------|-------------|----------|--|

Time exposed per day / week? 10 min ad-hoc as required

Detail of any Personal Protective Equipment currently used: Gloves,





Goggles Is it possible to eliminate the use of the substance or exposure? No

Is it possible to substitute or use a lower risk substance? No

First Aid measures Skin contact: If skin irritation occurs: Get medical advice or attention. Wash skin with plenty of lukewarm, gently flowing water. Eye contact: Immediately rinse eyes cautiously with lukewarm water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If irritation occurs and persists, get medical attention. Ingestion: Immediately drink 1 glass of water.

Arrangements for dealing with spillage / emergencies: Absorb with liquid-binding material (sand, diatomite, universal binders, sawdust)

What current controls are in place to reduce the risk of injury?

| | | | | |
|------------------------------|---|---|---|---|
| Training | Local Exhaust Ventilation | General Ventilation | Induction Training | Warning Signs |
| Safe Storage | Safe System of work (SOP) | Enclosed area | Health Surveillance | Supervision |
| | | Disposal Hazardous Waste | Disposal General waste | Handwashing facilities |
| PPE |  |  |  |  |
| Other: (please give details) | | | | |

| | | |
|------------------------------------|-----|----|
| Is exposure adequately controlled? | Yes | No |
|------------------------------------|-----|----|

| | | | |
|--------------------------------|--------------------|--------------------------------------|------------------------------------|
| ASSESSMENT (tick relevant box) | Satisfactory (Low) | Minor modification required (Medium) | Major modification required (High) |
|--------------------------------|--------------------|--------------------------------------|------------------------------------|



REMEDIAL ACTION PLAN

| Consider the use, storage, disposal, first aid and emergency procedures required. | Target date for implementation | Tick when completed |
|---|--------------------------------|---------------------|
| | | |



QUALITY CARE CLEANING LTD
COMMERCIAL CLEANING SERVICES