



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

COSHH REF: CA088

| | | | |
|---------------------------|------------------------------|---|--|
| Product Name | Taski Sprint Spitfire | Manufacturer and Contact Details | Diversey Ltd Weston Favell Centre, Northampton NN3 8PD, United Kingdom Tel: 01604 405311 |
| Site / Area of Use | Multi sites | Main Use | Surface cleaning spray for deep cleaning/ one off work |

| Assessor | Date review completed | Date of next review |
|-----------------|------------------------------|----------------------------|
| Joanna Goode | April 2024 (JG) | April 2025 |
| Joanna Goode | April 2025 (JG) | April 2026 |
| Joanna Goode | March 2026 (JG) | 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:

| | | | | | | |
|----------------|----------------------------|-----------|------------------------|--|-----------------------|--------------------------------|
| Harmful/Danger | Irritant | Toxic | Highly/Extremely Toxic | Corrosive | Contains a sensitizer | Serious eye irritation |
| Flammable | Highly/extremely flammable | Explosive | Warning | Contains a possible Carcinogen/Mutagen | Biological | No classification as hazardous |

Main Route of Entry

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

Recent Safety Data Sheet available?

Yes

How is the chemical used or applied?

Sprayed or manually applied to hard surfaces to remove hard stains

What other substances are mixed with this chemical?

None

How could exposure occur?

Contact with skin when spraying onto a surface, splashes to eyes and skin



Does the substance or any of its constituent parts have a WEL?

NO

Where does exposure take place?

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

Who is at risk?

| | | | |
|---------------------------|-------------|----------|--|
| Employees Approx. No 2 | Contractors | Visitors | Others : (Please state) Young people / Pregnant workers |
|---------------------------|-------------|----------|--|

Time exposed per day / week? Once weekly for 30 mins at a time

Detail of any Personal Protective Equipment currently used: Gloves and safety specs

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

Inhalation: Remove victim to fresh air and seek medical attention if symptoms occur.





Skin contact: Wash skin with plenty of lukewarm water. If irritation develops seek medical advice.

Eye contact: Immediately rinse eye with lukewarm water for several minutes. Remove contact lenses (if present and easy to do). Consult a doctor if irritation persists.

Ingestion: Rinse mouth and then drink plenty of water. Do not induce vomiting. Seek medical advice.

Arrangements for dealing with spillage / emergencies: Absorb with liquid binding material and dispose in correct waste stream.

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 |
|---|--------------------------------|---------------------|
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