

|                                 |         |                                           |
|---------------------------------|---------|-------------------------------------------|
| Project COSHH Risk Assessment   |         | Portsmouth<br>Demolition &<br>Salvage Ltd |
| Product Name: Compressed Oxygen | Ref: 10 |                                           |

|                                                                                                                                          |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Description of activity or process:<br><i>(including duration, frequency &amp; quantity of substance)</i>                                | To be used with propane gas to hot cut metal structures |
| Substance identification & name of manufacture: <i>(ensure that a copy of the latest data sheet is attached to this risk assessment)</i> | Product Name: Compressed oxygen                         |

|                                                                                    |                                                                  |                                                                                     |                                                                |                                                                                       |                                                                         |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Product Classification:                                                            |                                                                  |                                                                                     |                                                                |                                                                                       |                                                                         |
|    | <input type="checkbox"/> Corrosive (to skin, eyes and/or metals) |    | <input type="checkbox"/> Other Health Hazards                  |    | <input checked="" type="checkbox"/> Oxidising Gasses, Liquids or Solids |
|   | <input type="checkbox"/> Hazardous to Environment                |   | <input type="checkbox"/> Explosives (incl some self-reactives) |   | <input type="checkbox"/> Severe Health Hazards                          |
|  | <input checked="" type="checkbox"/> Gasses Under Pressure        |  | <input type="checkbox"/> Flammable Materials                   |  | <input type="checkbox"/> Acute Toxicity                                 |

|                     |                          |      |                          |            |                                     |           |                          |
|---------------------|--------------------------|------|--------------------------|------------|-------------------------------------|-----------|--------------------------|
| Routes of Exposure: |                          |      |                          |            |                                     |           |                          |
| Skin                | <input type="checkbox"/> | Eyes | <input type="checkbox"/> | Inhalation | <input checked="" type="checkbox"/> | Ingestion | <input type="checkbox"/> |

|                   |                                                                        |
|-------------------|------------------------------------------------------------------------|
| Hazard Statement: | H270: May cause or intensify fire<br>H280: Contains gas under pressure |
|-------------------|------------------------------------------------------------------------|

|                                             |            |              |          |             |
|---------------------------------------------|------------|--------------|----------|-------------|
| Risk Matrix: <i>(likelihood x severity)</i> | Likelihood | Severity     |          |             |
|                                             |            | minor - 1    | major -2 | serious - 3 |
|                                             | low – 1    | low 1        | low 2    | med 3       |
|                                             | medium -2  | low 2        | med 4    | high 6      |
|                                             | high -3    | med 3        | high 6   | high 9      |
|                                             | rating:    | L3xS3=High 9 |          |             |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Person(s) at Risk:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                              |
| Employees <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Visitors <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Building Users <input checked="" type="checkbox"/> | Public <input checked="" type="checkbox"/> Young Persons <input checked="" type="checkbox"/> |
| <b>Workplace Control Measures:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>See associated risk assessment PDS-03.11</li> <li>Only competent operatives are to work with compressed oxygen</li> <li>Do not use in confined or poorly ventilated workplaces</li> <li>When using, do not smoke, eat or drink</li> <li>Assess the risk of the potential for explosive atmospheres</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                                              |
| <b>Health Surveillance:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                                              |
| <b>Personal Protective Equipment: (state type &amp; standard)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                              |
| <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"> <br/> <input checked="" type="checkbox"/> Dust Mask         </div> <div style="text-align: center;"> <br/> <input checked="" type="checkbox"/> Gloves         </div> <div style="text-align: center;"> <br/> <input type="checkbox"/> Respirator         </div> <div style="text-align: center;"> <br/> <input checked="" type="checkbox"/> Footwear         </div> <div style="text-align: center;"> <br/> <input type="checkbox"/> Goggles         </div> <div style="text-align: center;"> <br/> <input checked="" type="checkbox"/> Overalls         </div> <div style="text-align: center;"> <br/> <input checked="" type="checkbox"/> Visor         </div> <div style="text-align: center;"> <br/> <input type="checkbox"/> Other         </div> </div> <p style="margin-top: 10px;"> <i>Heat proof gauntlets to EN388</i><br/> <i>Flame resistant/retarding clothing to EN943</i><br/> <i>Face shield, or goggles to EN166</i><br/> <i>P3 Face mask</i> </p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                              |
| <b>First Aid &amp; Emergency Procedures:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Inhalation: In high concentrations may cause asphyxiation. Symptoms may include loss of mobility/consciousness. Victim may not be aware of asphyxiation. Remove victim to uncontaminated area wearing self-contained breathing apparatus. Keep victim warm and rested. Call a doctor. Apply artificial respiration if breathing stopped</li> <li>Eye contact: Rinse the eye with water immediately. Remove contact lenses, if present and easy to do. Continue rinsing. Flush thoroughly with water for at least 15 minutes. Get immediate medical assistance. If medical assistance is not immediately available, flush an additional 15 minutes</li> <li>Skin Contact: Contact with evaporating liquid may cause frostbite or freezing of skin - thaw frosted parts with lukewarm water. Do not rub affected area. Get immediate medical advice/attention.</li> <li>Ingestion: Ingestion is not considered a potential route of exposure</li> <li>In the event of an emergency, raise the alarm to evacuate the area and call the emergency services</li> </ul> |                                                    |                                                                                              |
| <b>Storage:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>Store in a cool place, upright and secure, keep below 50°C</li> <li>Ensure valves are tightly closed with caps or guards installed</li> <li>Do not remove or deface identification labels</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                              |
| <b>Disposal of Substances &amp; Contaminated Containers:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">             Hazardous Waste <input type="checkbox"/><br/><br/>             Return to Yard <input type="checkbox"/><br/><br/>             Other <input type="checkbox"/> </div> <div style="text-align: center;">             Skip <input type="checkbox"/><br/><br/>             Return to Supplier <input type="checkbox"/><br/><br/> <i>Refer to MSDS-10</i> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                                              |
| <b>Final Risk Rating:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Low <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Medium <input type="checkbox"/>                    | High <input type="checkbox"/>                                                                |

Written By:

Lee Shirley

Date:

23-Nov-18

Review Date:

 Following any significant  
change in the work process  
or substance