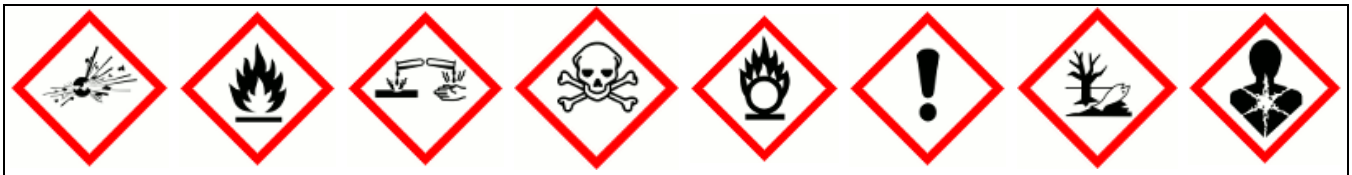
COSHH assessment

Ass't serial no.	Date	Sheet:
	05/01/22	1 of 2

Name of substance:	Commercial or trade name *(if any)*:
Chlorhexidine 6% w/w QAC 8%w/w	**PX Ornikill**

Project name:		Pest Solutions project no.	
Location or site:		HSE-bpr:uk	N/A

Nature of hazard:



[ ] [ ] [ ] [ ] [ ] [✓] [ ] [ ]

Status: On HSE/BPR:UK list [N/A] Exposure limits defined: [ ] Biological agent: [✓] Dust: [] Other: []

Supplier of substance *(if known)*:

Killgerm Chemicals Ltd
Denholme Drive
Ossett
West Yorkshire
WF5 9NA

01924 268450

Workplace exposure limits (WEL):–	No Data Available
Short-term exposure limit (STEL):	No Data Available
Long-term exposure limit (LEL):	No Data Available
Is supplier's data sheet available?	Yes: [✓] No: [ ]
Hazards & Precautions	H315- Causes skin irritation H319- Causes serious eye irritation P264 - Wash ... thoroughly after handling P280 - Wear protective gloves/protective clothing/eye protection/face protection P302+P352 - IF ON SKIN: Wash with plenty of water/… P305+P351+P338 - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing P321 - Specific treatment (see ... on this label) P332+P313 - If skin irritation occurs: Get medical advice/attention P337+P313 - If eye irritation persists: Get medical advice/attention P362+P364 - Take off contaminated clothing and wash it before reuse

Product Assessment: *When completed on-screen, the fields below will expand to suit the entries made.*

Purpose:	**A concentrate biocide formulation for dilution with water for the control of disease organisms associated with pest birds.**
Handling / Usage	Wear gloves and eye protection when handling the concentrate. Do not mix with other chemicals. Wash skin and eye splashes with water. Read safety data sheet before using the product
Health Effect	May cause discomfort/ irritation to the eyes, skin and mouth.
General Assessment	A blue coloured disinfectant with citrus odour used to decontaminate bird guano. Non-flammable and non-reactive. A mild skin degreaser which can cause irritation. Harmful to fish, do not contaminate ponds, waterways or ditches with chemical or used containers

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Location or site:		HSE-bpr:uk	N/A

PPE Required during use	Wear half face mask with AP type filters. Gloves unlined synthetic rubber e.g. Nitrile. Coveralls wear Disposable Kleenguard EP type. Face shield to EN 166 or goggles. Footwear impervious safety type shoe/boot.
Have possibilities of using another safer substance been considered? Yes:[✓] No:[ ] N/A:[]	
Comments:	Safer alternatives do not provide effective control

Management controls on use of the substance:

Training required before use:	BPCA/RSPH Level 2 Certification. Familiarisation with manufacturers MSDS and Label Instructions
Oral LD50	Not applicable
Fire	Extinguishers. Foam, dry chemical, or water spay fire extinguishers. Keep containers cool by spraying with water if involved in a fire. Toxic fumes will be evolved in a fire. Fire fighters to wear self contained breathing apparatus.
Storage	Store tightly closed in a safe place, out of reach of children. Store between 0 degrees C and 30 degrees C in dry conditions, out of the sight of sunlight. Protect from frost
Transport	Not classified as hazardous for transport. Must be carried in original container
Spillage	Wear appropriate PPE, surround and absorb with sands, earth or proprietary product. Shovel into a sealed marked container. Wash area with water and alkali detergent. Contact supplier or Local authority about disposal.
Disposal	Return to Stores for safe disposal.

Health risks and emergency arrangements:

Eye contact:	Irrigate with water for at least 15mins. Seek Medical Attention.
Skin contact:	Wash affected area immediately with plenty of soapy water. Remove contaminated clothing.
Inhalation:	If adverse effects are felt, remove patient to fresh air. If symptoms persist seek medical advice
Ingestion:	Do not induce vomiting. Rinse mouth with water. Seek medical advice if symptoms persist.

Assessor:	*Name:*	Graeme Kirkpatrick	*Signed:*	Graeme Kirkpatrick	*Date:*	05/01/2022
Reviewer:	*Name:*		*Signed:*		*Date:*	05/01/2024

Distribution of completed form *(Mark or write in entries relevant to this substance):*

Local Safety Co-ordinator:	[ ]	Designer: …….	[ ]	O&M Manual drafter:	[ ]
Site Manager: ……..	[ ]	Contractor: …..	[ ]	Client: …….	[✓]
S&S H&S Manager: …….	[ ]	Resident Eng'r:	[ ]	Facilities Manager: …	[ ]

	[ ]
Pest Solutions Staff	[✓]
H&S Director	[✓]