

Risk assessment name	Paint Line Spray	Assessment type	Control of substances hazardous to health
Assessor name	Nicholas Fairhurst	Affected site(s)	construction sites
Assessment date	18/03/2020	Review period	Annually
Approved by	Nicholas Fairhurst	Review date	18/03/2021
Approved date	18/03/2020	Reference	ART809819

Workspace(s)		Description
Office	Outside Area Storage	Aerosol spay paint

Substance name	Reference no		
Paint Spray Line marker	COSH002		

Overall risk rating: 6 (Low)

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Hazard	Who could be harmed and how?	Existing controls		
Fumes	Operators	Follow instrcutions on container/packaging		
Highly Flammable	Operators	Safe Handling Procedure Safe Handling Procedure as detailed in the manufacturers data sheet		
Irritating to Eyes	Operators	Appropriate Gloves & LEP glasses Nitrile gloves with adequate breakthrough time worn. 240-480 minutes. If less then replacement regime determined and adhered to. Thickness appropriate to task (dexterity versus exposure). Thinner gloves to re replaced quicker than thicker ones. Less than 0.1mm - single use short use. Refer to glove manufacturer for planning use and replacement regime. Staff trained in correct use and replacement regime. inside of gloves to be kept clean to prevent contamination and abrasions. Refer to standards EN420 EN374:		
Skin contact	Operators	Appropriate Gloves provided		

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Routes of exposure



Inhalation

Once inhaled, chemicals are either exhaled or deposited in the respiratory tract.



Skin Absorption

Skin (dermal) contact can cause effects that are relatively innocuous such as redness or mild dermatitis; more severe effects include destruction of skin tissue or other debilitating conditions.

Further control measures

None required

Operating procedures

Use product in line with the manufacturers guidelines. If using indoors then use a suitable face mask (A2 organic filter mask)

Supporting evidence

Paint Line Spray.pdf

09/03/2018

Assessor's signature: Nicholas Fairhurst Approved by signature: Nicholas Fairhurst

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Employee(s) acknowledgement

The signs below acknowledge receipt of this risk assessment and confirm that they have read and understood the requirements of the risk assessment.

Employee name	Signature(s)	Date	Employee name	Signature(s)	