**COSHH Assessment Request Form (CARQ Form)**

Please fill in all mandatory fields. Without all information necessary, CHSS would not be able to process the CARQ Form in the SYPOL system.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | | | | **Material Details** | | | | | | | | | | | |
| **Name\*** |  | | | | | | | **Trade Name\*** | | | | |  | | | | | | |
| **Hub/Directorate \*** |  | | | | | | | **Supplier/Manufacturer\*** | | | | |  | | | | | | |
| **Team/ Sub-team\*** |  | | | | | | |
| **Contact details\*** |  | | | | | | | **SYPOL Code (if known)** | | | | |  | | | | | | |
| **Date\*** |  | | | | | | | **Renewal Date (if known)** | | | | |  | | | | | | |
| **Material Usage Information ( Mandatory information- all fields to be filled in )** | | | | | | | | | | | | | | | | | | | |
| **Quantity of material used in one day (approx.)\*** | | | | | |  | | | | | | | | | | | | | |
| **Length of time of exposure\*** | |  | | **<½ hour** |  | **½ - 2 hours** |  | **2 – 4 hours** | | |  | **4 – 8 hours** | |  | **Over 8 hours** | | |  | **All Day** |
| **Area of exposure\*** | |  | **Outside** | |  | **Inside Well Ventilated** | | | |  | **Inside Poorly Ventilated** | | | | |  | **Confined Space** | | |
| **Other (Please Specify)\*** | |  | | | | | | | | | | | | | | | | | |
| **Work Practice Information**  i.e. Diluting, Mixing, Hand Applying, Brushing, Spraying etc. | | | | | | | | | **Existing Control Measures**  i.e. Fume Cabinet, Local Extraction Ventilation etc. | | | | | | | | | | |
| **\*** | | | | | | | | | **\*** | | | | | | | | | | |
| **Please submit to the Corporate Health and Safety Service together with the manufacturer’s Safety Data Sheet for the product (request MSDS from the supplier/manufacturer).** | | | | | | | | | | | | | | | | | | | |