**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.

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| **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).** |