






# Shire Integrated Systems Limited

## COSHH ASSESSMENT

|  |  |
|--|--|
| <b>1. HAZARDOUS SUBSTANCE</b><br>Altrofix W139 | <b>MANUFACTURER/NAME</b><br>ALTRO WHITEROCK<br>Tel: 01462 707700 |
|--|--|

|                           |                                     |            |                                     |
|---------------------------|-------------------------------------|------------|-------------------------------------|
| <b>2. PERSONS EXPOSED</b> |                                     |            |                                     |
| OPERATIVE                 | <input checked="" type="checkbox"/> | SUPERVISOR | <input checked="" type="checkbox"/> |
|                           |                                     | OTHER      | <input checked="" type="checkbox"/> |

|  |                                     |  |                          |  |                                     |   |                                     |  |                                     |
|--|-------------------------------------|--|--------------------------|--|-------------------------------------|---|-------------------------------------|--|-------------------------------------|
| <b>3. HAZARDOUS NATURE OF SUBSTANCE</b>  |                                     |  |                          |  |                                     |   |                                     |  |                                     |
|  |                                     |  |                          |  |                                     |  |                                     |  |                                     |
| FLAMMABLE  |                                     | IRRITANT   |                          | TOXIC  |                                     | HARMFUL   |                                     | CORROSIVE  |                                     |
| YES  | NO                                  | YES  | NO                       | YES  | NO                                  | YES   | NO                                  | YES  | NO                                  |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> |

|   |
|---|
| <b>4. LOCATIONS AND PROCEDURES WHERE EXPOSURE MAY ARISE</b> |
| During fixing of wall cladding.                             |
| <b>Application must be in a well ventilated area.</b>       |

|                                     |   |
|-------------------------------------|---|
| <b>5. CONTROL MEASURES REQUIRED</b> |   |
| <b>Control measure</b>              | <b>X Type</b>   |
| Exhaust Ventilation                 | <input type="checkbox"/>                                      |
| Local Ventilation                   | <input type="checkbox"/>                                      |
| Respirators (Type)                  | <input checked="" type="checkbox"/>                           |
| Eye Protection (Type)               | <input type="checkbox"/>                                      |
| Gloves(Type)                        | <input checked="" type="checkbox"/>                           |
| Aprons                              | <input type="checkbox"/>                                      |
| Barrier Cream                       | <input checked="" type="checkbox"/> Recommended prior to use. |

**6. EXPOSURE DURATION**

|         |                                     |         |                          |         |                          |         |                          |         |                          |
|---------|-------------------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| 0-2 hrs | <input checked="" type="checkbox"/> | 2-4 hrs | <input type="checkbox"/> | 4-6 hrs | <input type="checkbox"/> | 6-8 hrs | <input type="checkbox"/> | 8 hrs + | <input type="checkbox"/> |
|---------|-------------------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|

**7. HEALTH RISKS**

|              |                                     |             |                                     |                 |                          |
|--------------|-------------------------------------|-------------|-------------------------------------|-----------------|--------------------------|
| Inhalation   | <input checked="" type="checkbox"/> | Ingestion   | <input type="checkbox"/>            | Skin Absorption | <input type="checkbox"/> |
| Skin Contact | <input checked="" type="checkbox"/> | Eye Contact | <input checked="" type="checkbox"/> |                 |                          |

**8. ADDITIONAL MEASURES REQUIRED**

(Total enclosure, Notification, Health surveillance or other).

**9. SPECIAL PRECAUTIONS**

**Storage**      Keep container lid closed when not in use.  
**Handling**  
**Spillage**  
**Disposal**  
  
**Other**

**10. EMERGENCY PROCEDURES REQUIRED**

(Include First Aid Arrangements)

**Inhalation:** If inhalation of dust causes adverse effects, remove to fresh air. If discomfort persists, seek medical advice.

**Skin:** In case of irritation from dust generated from processing of wood, wash with water.

**Eyes:** If particles enter the eyes during processing, immediately flush eyes with plenty of water. Seek medical attention if irritation persists.

8 / 6 / 2010  
Date

  
Signed