

## SUBSTANCE INFORMATION

**Substance/material:** Copaslip

**Trade name:** Copper grease

**What is the substance to be used for?** (E.g. cleaning, protective coating, adhesive)

Lubricant to protect against seizure, rust, oxidation and other corrosion.

**What are the hazardous ingredients/chemicals contained in the substance?** (List below)

500 Solvent Neutral

**Provide details of the occupational or maximum exposure of any ingredient/chemical in the substance.**

TWA 5mg/cubic meter STEL 10 mg/m<sup>3</sup>

**Is the substance?** (Check warning symbol on product, data sheet or packaging)

- |  |                                    |  |   |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Extremely flammable | <input type="checkbox"/> Oxidising | <input type="checkbox"/> Very toxic          | <input type="checkbox"/> Harmful to environment |
| <input type="checkbox"/> Highly flammable    | <input type="checkbox"/> Harmful   | <input type="checkbox"/> Corrosive           | <input type="checkbox"/> Other (Specify)        |
| <input type="checkbox"/> Flammable           | <input type="checkbox"/> Toxic     | <input checked="" type="checkbox"/> Irritant |   |

**Is the substance hazardous to health when?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> In contact with skin | <input checked="" type="checkbox"/> Inhaled  | <input type="checkbox"/> Other (Specify) |
| <input checked="" type="checkbox"/> In contact with eyes | <input checked="" type="checkbox"/> Ingested |  |

## STORAGE

**Provide details of how the substance shall be stored when not in use:**

In a secure box in a van and BHQ stores. Store in a cool well ventilated area.

## USE OF SUBSTANCE

**How should the substance be used?** (E.g. dilute in water, applied with brush, sprayed etc.)

Direct.

**How much is used?** (State volume and period e.g. 1000 litres/month)

2 mg/month

**Who will be exposed to the substance?** (E.g. Environmental officers etc.)

Environmental officers

**Does the substance present additional risks to specific groups?** (E.g. Expectant mothers)

None

## CONTROL MEASURES

**Can a less hazardous substance be used to do the same function?**

☐ Yes ☒ No

**What PPE is required when using the substance?**

Protective gloves, safety glasses, protective clothing and a respiratory protective device with particle filter.

**What control measures are required other than PPE?** (E.g. Well ventilated areas only, qualified personnel only)

Wipes to remove should the Copaslip make contact with the skin. Wash the spillage site with large amounts of water.

Ensure eye wash is to hand.

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Page 1 of 1

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