**COSHH Assessment Request Questionnaire**

**(CARQ Form)**

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| **Your Details** | **Material Details** |
| **Name** |  | **Trade Name** |  |
| **Hub/Directorate**  |  | **Supplier/Manufacturer** |  |
| **Team** |  |
| **Contact details** |  | **SYPOL Code (if known)** |  |
| **Date** |  | **Renewal Date (if known)** |  |
| **Material Usage Information** |
| **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. |
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| **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).** |