Your Company Ltd

COSHH ASSESSMENT

Painting and Decorating - Residential Refurbishment

Reference	EX0011
Issue	1
Assessment Date	14/11/2026
Review Date	14/11/2027
Client	Your Client Ltd
Site Location	Occupied residential building
Assessor	Your Name, Health & Safety Manager

Executive Summary

This COSHH assessment details the risks and control measures associated with interior painting and decorating activities in an occupied residential property. The scope involves the use of solvent-based paints, primers, varnishes, and white spirit, alongside the critical task of removing Victorian-era lead paint from woodwork. Given the occupied nature of the building, stringent segregation, ventilation, and hygiene controls are paramount to protect both the operatives and the residents from exposure to Volatile Organic Compounds (VOCs), harmful solvent vapours, and toxic lead dust.

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1. Assessment Details

Client:	Your Client Ltd	**Site Location:**	Occupied residential building
Review Date:	14/11/2027	**Assessor:**	Your Name, Health & Safety Manager

2. Hazardous Substances

1. Lead Dust and Debris (Historical Lead Paint (Victorian Woodwork))

16 HIGH | 4 LOW

GHS Classification	 Acute toxicity  Serious health hazard  Dangerous to the environment **Toxic** **Reproductive Toxicant** **STOT** **Environmental Hazard**		
Physical Form	dust/flakes	**Exposure Routes**	Inhalation, Ingestion
Who Exposed	Operatives, Residents (if area is not segregated)	**OEL / WEL**	0.15 mg/m³ (Lead in air - CLAW Action Level)
Acute Effects	Headaches, fatigue, abdominal pain, nausea, metallic taste in mouth.	**Chronic Effects**	Kidney damage, central nervous system damage, anaemia, reproductive toxicity, developmental defects.
Control Measures	• Strictly prohibit dry sanding and the use of high-temperature hot air guns; use chemical paint strippers or wet abrasion methods only. • Segregate the work area completely from occupied residential zones using heavy-duty polythene sheeting and taped seals. • Use a Type H (HEPA) vacuum cleaner meeting EN 60335-2-69 for all dust extraction and cleanup; do not dry sweep. • Wear disposable Type 5/6 coveralls, shedding them before leaving the work zone to prevent tracking lead dust into clean areas. • Wear a half-mask respirator (EN 140) fitted with P3 particulate filters (face-fit tested). • Implement strict personal hygiene protocols: operatives must wash hands and face thoroughly before eating, drinking, or smoking, which are strictly prohibited in the work area.		
Monitoring	Yes — Air monitoring to confirm airborne lead concentration remains below 0.15 mg/m³ if extensive removal is planned. Swab testing of adjacent clean areas to ensure no lead migration.	**Health Surveillance**	Yes — Medical surveillance and blood lead level monitoring under CLAW 2002 if exposure is deemed 'significant'.
Storage	Collect all lead-containing waste daily in heavy-duty, clearly labelled, sealed polythene sacks.	**Disposal**	Must be disposed of as Hazardous Waste via a licensed waste carrier in accordance with the Hazardous Waste Regulations.
SDS Reference	N/A - Historical substance (refer to HSE Guidance CIS47 for lead paint removal)		

Initial Risk (Pre-Control)	Likelihood **4**	Severity **4**	Score **16** (High)
Residual Risk (Post-Control)	Likelihood **1**	Severity **4**	Score **4** (Low)

2. Solvent-based Paint / Primer / Varnish (Various Alkyd Gloss/Primers (Containing Xylene/Hydrocarbons))

9 MEDIUM | 3 LOW

GHS Classification	 Flammable  Health hazard  Serious health hazard		**Flammable** **Irritant** **STOT**
Physical Form	liquid	**Exposure Routes**	Inhalation, Skin contact, Eye contact
Who Exposed	Operatives, Residents	**OEL / WEL**	Xylene: 50 ppm / 220 mg/m³ (8hr TWA) with 'Sk' notation
Acute Effects	Dizziness, drowsiness, nausea, headache, eye and respiratory irritation.	**Chronic Effects**	Occupational dermatitis from defatting of skin, potential central nervous system depression.
Control Measures	• Substitute with water-based (acrylic) alternatives where reasonably practicable. • Maximise natural ventilation by opening exterior windows; employ mechanical extraction fans exhausting to the outside if natural ventilation is poor. • Keep paint tins tightly closed when not in immediate use to minimise vapour release. • Wear chemical-resistant Nitrile gloves (EN 374, minimum 0.4mm thickness). • Wear splash-resistant safety goggles (EN 166) when decanting or painting overhead. • Wear a half-mask respirator (EN 140) with A2 (organic vapour) filters during prolonged application in enclosed spaces.		
Monitoring	No	**Health Surveillance**	No
Storage	Store in sealed original containers in a cool, well-ventilated space away from direct sunlight and ignition sources.	**Disposal**	Allow empty tins to dry in a well-ventilated area before standard disposal, or dispose of liquid waste as hazardous waste.
SDS Reference	Manufacturer Safety Data Sheet — Sections 7 (Handling) and 8 (Exposure Controls)		
Initial Risk (Pre-Control)	Likelihood **3**	Severity **3**	Score **9** (Medium)
Residual Risk (Post-Control)	Likelihood **1**	Severity **3**	Score **3** (Low)

3. White Spirit / Turpentine Substitute (Commercial White Spirit)

9 MEDIUM | 3 LOW

GHS Classification	 Flammable  Serious health hazard  Dangerous to the environment		Flammable; Aspiration Hazard; STOT; Environmental Hazard
Physical Form	liquid	**Exposure Routes**	Skin contact, Inhalation, Eye contact, Ingestion
Who Exposed	Operatives	**OEL / WEL**	350 mg/m³ (Supplier Recommended 8hr TWA)
Acute Effects	Skin irritation, defatting of skin. Vapours cause drowsiness. Fatal if swallowed and enters airways.	**Chronic Effects**	Chronic contact dermatitis. Long-term CNS effects.
Control Measures	• Restrict use to essential cleaning and thinning tasks only; use minimal volumes. • Ensure soiled rags are not left crumpled due to spontaneous combustion risk; place used rags in a metal bin with a self-closing lid. • Wear chemical-resistant Nitrile or Viton gloves (EN 374) — avoid latex which degrades rapidly upon contact. • Do not eat, drink or smoke during use. • Use only in highly ventilated areas to prevent accumulation of explosive vapours.		
Monitoring	No	**Health Surveillance**	Yes — Visual skin checks by competent person monthly to monitor for early signs of occupational dermatitis.
Storage	Store in a lockable, flame-proof metal cabinet (COSHH cabinet) away from heat and ignition sources.	**Disposal**	Collect used solvent in marked containers for disposal via licensed hazardous waste contractor. Do not pour down drains.
SDS Reference	Manufacturer Safety Data Sheet — Sections 2 (Hazards) and 13 (Disposal)		
Initial Risk (Pre-Control)	Likelihood: 3	Severity: 3	Score 9 (Medium)
Residual Risk (Post-Control)	Likelihood: 1	Severity: 3	Score 3 (Low)

3. Required PPE


Eye protection


Respiratory protection


Protective clothing


Gloves

- Chemical-resistant Nitrile gloves (EN 374, Category III)
- Half-mask respirator (EN 140) fitted with A2P3 combination filters
- Splash-proof safety goggles (EN 166 3 4)
- Disposable coveralls (EN 13034 Type 5/6) for lead removal

4. Emergency Procedures

Spill / Leak Response
Extinguish all ignition sources. Ventilate the area. Contain the spill using inert absorbent material (sand, earth, or proprietary spill granules). Do not allow to enter drains. Sweep up and place in a suitable, labelled container for hazardous disposal.

Fire Procedures
Use carbon dioxide (CO2), dry chemical, or foam fire extinguishers for solvent fires. Do NOT use water jets. Evacuate building immediately and call 999.

Skin Contact
Remove contaminated clothing immediately. Wash the affected skin thoroughly with soap and copious amounts of water for at least 15 minutes. Do not use solvents to clean skin.

Ingestion
Do NOT induce vomiting due to aspiration hazard. Rinse mouth out with water. Seek immediate emergency medical attention (Call 999).

General First Aid
Ensure a trained first aider is present. Locate first aid kit and eye wash station centrally. Do not administer any medication unless prescribed.

Inhalation
Move the casualty to fresh air immediately. Keep warm and at rest. If breathing difficulties persist, seek urgent medical attention via NHS 111 or 999.

Eye Contact
Promptly irrigate eyes with clean water or sterile eye wash for at least 15 minutes, holding eyelids apart. Seek medical attention immediately.

5. Training Requirements

- COSHH awareness and safe handling of hazardous substances
- Specific training on the hazards of lead and compliance with CLAW 2002
- RPE face-fit testing (essential for all operatives wearing tight-fitting masks)
- Correct donning, doffing, and disposal of contaminated PPE/coveralls

6. Monitoring Schedule

Daily visual inspection of segregation barriers and LEV/ventilation. Air monitoring for lead prior to handover of the work zone.

7. ALARP Justification

As Low As Reasonably Practicable (ALARP) Declaration
The risks from hazardous substances identified in this assessment have been reduced to ALARP through the hierarchy of control. Specifically, the prohibition of dry sanding/heat guns eliminates the highest risk of lead fume/dust generation. Water-based paint substitution is recommended where viable. Robust engineering controls (ventilation, Type H extraction) and strict segregation protect the building occupants. Finally, comprehensive PPE/RPE provisioning protects the operatives against residual risks.

8. Risk Matrix Reference

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

1-5 Low 6-12 Medium 15-25 High

9. Competency Requirements

Qualification	Description	Required For	Verification

Qualification	Description	Required For	Verification
Asbestos and Lead Awareness Training	Understanding of the historical context, health effects, and emergency procedures regarding lead paint and potential hidden asbestos.	All operatives involved in the refurbishment	Training certificate review (must be within the last 12 months).
RPE Face-Fit Certificate	Quantitative or qualitative face-fit test by a competent person (Fit2Fit accredited) for the specific make and model of mask worn.	All operatives required to wear tight-fitting RPE	Review of individual face-fit certificates prior to works commencing.

10. Regulatory Compliance

Regulation / Standard	Section	Relevance to This Assessment
Control of Lead at Work Regulations 2002	Regulation 5 & 6	Legal duty to assess risks of lead exposure, prevent or adequately control exposure, and provide washing facilities/segregation.
Control of Substances Hazardous to Health Regulations 2002	Regulation 7 — Prevention or control of exposure	Mandates the hierarchy of control applied to the solvent use (substitution, ventilation, RPE).

11. Inspection & Monitoring

Supervision Arrangements
A designated competent Site Supervisor must oversee all lead removal activities and ensure segregation integrity.

Inspection Schedule
Daily pre-use checks of all RPE and ventilation equipment. Daily checks of polythene segregation barriers. Monthly skin checks for dermatitis.

Responsible Person
Site Supervisor / Project Manager

Review Triggers
- If dust or odours are reported by the building occupants
- Following any health concern or symptoms reported by operatives
- Change in paint products or work methodologies
- If air monitoring shows lead levels approaching or exceeding the 0.15 mg/m³ action level

12. Incident & Near-Miss Reporting

Minor Injury
Administer substance-specific first aid. Record in the site Accident Book. Notify the Site Supervisor. Complete an incident report within 24 hours.

Serious Incident
STOP WORK immediately. Remove all personnel from the affected area. Call 999 if life-threatening. Do not attempt clean-up without appropriate Level A PPE. Notify the H&S Director immediately.

Near-Miss Reporting
Report all near-misses (e.g., segregation breaches, solvent spills, mask failures) to the supervisor immediately to prevent future exposure. Update this COSHH assessment if required.

RIDDOR Reporting
Report to the HSE under RIDDOR 2013 for occupational diseases (e.g., severe occupational dermatitis, lead poisoning) or dangerous occurrences. Report online at www.hse.gov.uk/riddor.

Emergency Contacts
Site Supervisor: [Number to be inserted], H&S Lead: [Number to be inserted], Emergency Services: 999, NHS Medical Advice: 111 (Do NOT use the National Poisons Information Service as it is for medical professionals only).

13. Applicable Legislation

- Control of Substances Hazardous to Health Regulations 2002
- Control of Lead at Work Regulations 2002
- EH40/2005 Workplace Exposure Limits
- Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- Management of Health and Safety at Work Regulations 1999

14. Site Staff Acknowledgment

I confirm that I have been inducted, understand the hazardous substances identified, and agree to follow the control measures.

Name	Position	Date Signed	Verification

Assessor Declaration & Client Acceptance

I confirm that this assessment has been prepared by a competent person and represents a suitable and sufficient assessment of the risks associated with the described work activity, in accordance with the Management of Health and Safety at Work Regulations 1999.

Prepared By (Assessor)

Your Name, Health & Safety Manager

Name & Position

Signature

Date

Accepted By (Client / Principal Contractor)

Name & Position

Signature

Date