










### COSHH Risk Assessment – April 2026

<u>Item</u>			<u>Nursery Use at</u>		
<u>COSHH Product</u>	<u>COSHH Item</u>	<u>Data Sheet Y/N</u>	<u>Romford</u>	<u>Rainham</u>	<u>Loughton</u>
Tesco non-Bio. Laundry Powder (40 Wash 2.6Kg)	Yes	Y	Y	N	Y
Gompels Professional Fabric Softener	Yes	Y	Y	N	Y
Tesco Laundry Cleanser (1.5L)	Yes	Y	Y	Y	Y
Tesco Active Gel Fresh (750MI)	Yes	Y	Y	Y	Y
Glade Aerosol Air Freshener Spray (300MI)	Yes	Y	Y	Y	Y
Viakal Spray (500MI)	Yes	Y	Y	Y	Y
Tesco Window & Glass Cleaning Spray (750MI)	Yes	Y	Y	Y	Y
Dettol All in One Disinfectant Spray	Yes	Y	Y	Y	Y
Tesco Dishwasher Salt (3Kg)	Yes	Y	Y	Y	Y
Tesco Dishwasher Cleaner Original (250MI)	Yes	Y	Y	Y	Y
Gompels anti-bac spray (750ml)	Yes	Y	Y	Y	Y
Gompels Detergent Sanitiser Tablets	Yes	Y	Y	Y	Y
Gompels anti-bacterial hand soap (5 litre)	Yes	Y	Y	Y	Y
Oust All Purpose Descaler (3 Pack)	Yes	Y	Y	Y	Y
Gompels Probe wipes (200)	Yes	Y	Y	Y	Y
Tesco Cream Cleaner Citrus (500MI)	Yes	Y	N	Y	N
Gompels Soclean Professional Dishwasher Rinse Aid	Yes	Y	Y	Y	Y
Tesco OXY powdered Stain remover	Yes	Y	Y	N	Y
Tesco Washing Up Liquid	Yes	Y	Y	Y	Y
Tesco Washing Up Liquid – Lemon	Yes	Y	Y	Y	Y

Zoflora Concentrated Disinfectant (250ml)	Yes	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>Y</b>
Gompels Crystale Dishwasher Tablets Pk of 100	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
SoClean Professional Dishwasher Rinse Aid	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Gompels Insette Oven Cleaner (650MI)	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Tesco Washing up Liquid Antibacterial	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Blue Sapphire In Wash Fragrance Booster	Yes	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>Y</b>
Gompels Cotton Fresh Floor Gel	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Sanell Sterilising Fluid	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
<u>Soclean Floral Burst Disinfectant</u>	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
<u>Soclean Fabric Conditioner</u>	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
Triguard Edge Protect	Yes	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Non-Bio Powder Detergent		
Supplier and contact no.	McBride 01229 814 000		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Laundry cleaner		
Location used?	Utility room		
How often used?	Daily		
Quantities used?	One cup full		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
        	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Not classified

<b>General work procedures</b>
Cleaning laundry bed sheets, dirty clothes, tea towels.

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	

Health surveillance <input type="checkbox"/>	
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**First aid treatment**

Inhalation	Move to fresh air
Ingestion	Rinse mouth thoroughly. Do NOT induce vomiting. Seek medical attention.
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin thoroughly with water

**Storage, handling, spillage and disposal**

Store away from incompatible materials. Store in original tightly closed container.

**Fire precautions and action**

No unusual fire or explosive hazards noted.

**Maintenance of plant, equipment or PPE**

Apron and gloves to be worn while using this product

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low


Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026 / as & when a product is


## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Gompels Professional Fabric Softener		
Supplier and contact no.	Gompels Healthcare Limited 0345 450 2420		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Detergent to soften fabrics		
Location used?	Utility room		
How often used?	As and when required		
Quantities used?	Required amount		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye damage

<b>General work procedures</b>
Detergent to soften fabrics.

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		
Ingestion		
Skin contact		
Eye contact		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>


<b>Monitoring</b>	<b>Type and frequency</b>
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Air	
LEV	
Personal	
Health surveillance	

**First aid treatment**

Inhalation	Move affected person to fresh air at once. Rinse nose and mouth with water. Get medical attention if any discomfort continues.
Ingestion	Never give anything by mouth to an unconscious person. Do not induce vomiting. Rinse mouth thoroughly with water. Get medical attention if any discomfort continues.
Eye contact	Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention if irritation persists after washing. Show this Safety Date Sheet to the medical personnel.
Skin contact	Rinse immediately with plenty of water. Remove contaminated clothing. Get medical attention if irritation persists after washing.

**Storage, handling, spillage and disposal**

Provide adequate ventilation. Avoid contact with skin and eyes. Store in tightly-closed, original container in a dry , cool and well-ventilated place.
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**Fire precautions and action**

This product is not flammable.
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**Maintenance of plant, equipment or PPE**

Ensure gloves are worn when using this product.
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**Further information and instruction** (e.g. precautionary statements)

N/A
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**Overall risk rating with control measures in place.**

High                      Medium                      Low


<b>Recommended actions/improvements</b>	By who?	By when?	Done


Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026 / as & when a product is updated/ removed


## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Antibacterial Laundry Cleanser		
Supplier and contact no.	Star Brands 0113 2666 300		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Laundry cleaner		
Location used?	Utility room		
How often used?	Daily		
Quantities used?	1 Cupful		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	
Comments / Hazard statements / signal words (as per packaging) - optional	Causes skin irritation. Causes serious eye damage

<b>General work procedures</b>
Cleaning product

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		
Ingestion		
Skin contact	Wear protective gloves	
Eye contact	Wear eye protection	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>


<b>Monitoring</b>	<b>Type and frequency</b>
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Air	
LEV	
Personal	
Health surveillance	

**First aid treatment**

Inhalation	Move affected person to fresh air at once. Get medical attention if any discomfort continues.
Ingestion	Keep affected person warm and at rest. Do not induce vomiting unless under the direct of medical personnel. Rinse mouth thoroughly with water. Give plenty of water to drink. Get medical attention if any discomfort continues. If in doubt, get medical attention promptly.
Eye contact	Remove any contact lenses and open eyelids wide apart. Rinse cautiously with water for several minutes. Get medical attention immediately. Continue to rinse.
Skin contact	Remove contamination with soap and water or recognised skin cleansing agent. Get medical attention if any discomfort continues. Get medical attention if symptoms are severe or persist after washing.

**Storage, handling, spillage and disposal**

Keep in a cool dry place. Avoid contact with eyes and prolonged skin contact. Avoid inhalation of vapours and spray/mists. Provide adequate ventilation.

**Fire precautions and action**

This product is not flammable. Extinguish with foam, carbon dioxide or dry powder.

**Maintenance of plant, equipment or PPE**

Avoid inhalation of vapours and spray/mists. Apron and gloves to be worn while using this product.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.**

High

Medium

Low


Recommended actions/improvements	By who?	By when?	Done


Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026 /  
as & when a  
product is  
updated/  
removed


## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Active Gel Fresh		
Supplier and contact no.	McBride 0161 653 9037		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Toilet cleaner		
Location used?	Utility Room		
How often used?	Daily		
Quantities used?	Squirt around the toilet area		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	
Comments / Hazard statements / signal words (as per packaging) - optional	Not classified

<b>General work procedures</b>
For cleaning staff and children's toilets

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		
Ingestion		
Skin contact		
Eye contact		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>


<b>Monitoring</b>	<b>Type and frequency</b>
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Air	
LEV	
Personal	
Health surveillance	

<b>First aid treatment</b>	
Inhalation	Seek medical attention, showing the label.
Ingestion	Seek medical attention, showing the label.
Eye contact	Seek medical attention, showing the label.
Skin contact	Seek medical attention, showing the label.
<b>Storage, handling, spillage and disposal</b>	
<p>Always wash hands after handling. Keep out of reach of children</p>	

<b>Fire precautions and action</b>	
N/A	

<b>Maintenance of plant, equipment or PPE</b>	
Apron and gloves to be worn while using.	

<b>Further information and instruction</b> (e.g. precautionary statements)	
N/A	

<b>Overall risk rating with control measures in place.</b>	High	Medium	Low
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<b>Recommended actions/improvements</b>	By who?	By when?	Done

Signature: - Joanna Wilkinson Date: - April 2026  
October 2026 /  
as & when a  
product is  
updated/  
removed

Position: - Managing Director Review date: - removed

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Glade Aerosol – Air Freshener		
Supplier and contact no.	SC Johnson A Family Company		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Air care product		
Location used?	Bathrooms		
How often used?	Daily		
Quantities used?	One spray		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid – emergency no.			

**Hazard symbols and pictograms** (as indicated on the container/packaging/safety data sheet)



Comments / Hazard statements / signal words (as per packaging) - optional

Extremely flammable aerosol

**General work procedures**

Air care

**Does the substance have a Workplace Exposure Limit (WEL)?**      Yes      No

What is the exposure limit?

**Routes of exposure**

**If necessary list a specific type of PPE to be used?**

Inhalation

Ingestion

Skin contact

Eye contact

**Select the Personal Protective Equipment (PPE) required for this process**



**Monitoring**

**Type and frequency**

Air	
LEV	
Personal	
Health surveillance	

**First aid treatment**

Inhalation	Move to fresh air. If breathing is affected, get medical attention
Ingestion	If symptoms persist call a physician
Eye contact	Rinse with plenty of water. Get medical attention if irritation develops and persists
Skin contact	Rinse with plenty of water. Get medical attention if irritation develops and persists.

**Storage, handling, spillage and disposal**

Store in cool place. Do not freeze. Pressurized container: protect from sunlight and do not expose to temperatures exceeding 50 c. Do not pierce or burn, even after use. Keep out of reach of children.

**Fire precautions and action**

Heat may cause an explosion. In case of fire and/or explosion do not breathe fumes. Exposure to decomposition products may be hazard to health.

**Maintenance of plant, equipment or PPE**

No personal respiratory equipment normally required.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.**                      High                      Medium                      Low

<b>Recommended actions/improvements</b>	<b>By who?</b>	<b>By when?</b>	<b>Done</b>

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Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026  
/as & when a product is updated/  
removed

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Viakal Bathroom 3in1 Spray		
Supplier and contact no.	P&G		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Bathroom cleaner		
Location used?	Children & Staff bathrooms		
How often used?	Daily		
Quantities used?	Spray the area being cleaned		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid – emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
Comments / Hazard statements / signal words (as per packaging) - optional	Causes skin irritation Causes serious eye damage

<b>General work procedures</b>
Bathroom cleaner

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		
Ingestion		
Skin contact		
Eye contact		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>

<b>Monitoring</b>	<b>Type and frequency</b>
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Air	
LEV	
Personal	
Health surveillance	

**First aid treatment**

Inhalation	Remove victim to fresh air and keep at rest in a position comfortable for breathing. Call a POSION CENTRE or doctor/physician if exposed or you feel unwell.
Ingestion	Rinse mouth. DO NOT induce vomiting. Immediately call a POSION CENTRE or doctor/physician
Eye contact	Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POSION CENTRE or doctor/physician.
Skin contact	Wash with plenty of water and soap. Remove/take off immediately all contaminated clothing. If skin irritation or rash occurs: Get medical advice/attention. Discontinue use of product.

**Storage, handling, spillage and disposal**

Store in original container.
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**Fire precautions and action**

No fire hazard. Non-combustible. Product is not explosive.
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**Maintenance of plant, equipment or PPE**

Gloves and apron to be worn when using this product.
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**Further information and instruction** (e.g. precautionary statements)

N/A
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**Overall risk rating with control measures in place.**

High Medium Low


Recommended actions/improvements	By who?	By when?	Done

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026  
/as & when a  
product is  
updated/  
removed


## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Window & Glass Cleaner		
Supplier and contact no.	McBride		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Cleaning windows and mirrors		
Location used?	Nursery rooms & bathrooms		
How often used?	Weekly		
Quantities used?	One squirt per area		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	
Comments / Hazard statements / signal words (as per packaging) - optional	May produce an allergic reaction

<b>General work procedures</b>
Cleaning nursery windows and mirrors

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		
Ingestion		
Skin contact		
Eye contact		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>


<b>Monitoring</b>	<b>Type and frequency</b>

Air	
LEV	
Personal	
Health surveillance	

<b>First aid treatment</b>	
Inhalation	Move to fresh air
Ingestion	Rinse mouth thoroughly. Do not induce vomiting. Seek medical attention
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin thoroughly with water.
<b>Storage, handling, spillage and disposal</b>	
Store away from incompatible materials. Store in original tightly closed container.	

<b>Fire precautions and action</b>
No unusual fire or explosion hazards noted.

<b>Maintenance of plant, equipment or PPE</b>
To wear apron and gloves while using product.

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A











<b>Overall risk rating with control measures in place.</b>	High	Medium	Low
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<b>Recommended actions/improvements</b>	By who?	By when?	Done

Signature: - Joanna Wilkinson Date: - April 2026  
Position: - Managing Director Review date: - October 2026/  
as & when a  
product is  
updated/  
removed









## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	DETTOL All in One Disinfectant Spray Crisp Linnen		
Supplier and contact no.	Rb Health and Hygiene Home-0333 2005 345		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Disinfectant spray		
Location used?	Nursery-high touch point areas		
How often used?	Daily		
Quantities used?	One spray		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input checked="" type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Extremely flammable aerosol

<b>General work procedures</b>
Used to clean high touch points

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Remove victim to fresh air and keep at rest in a position comfortable for breathing. If not breathing, if breathing irregular or if respiratory occurs, provide artificial respiration or oxygen trained personnel. It may be dangerous to the person providing aid to give mouth to mouth resuscitation. Get medical attention if adverse health effects persist or are severe. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.
Ingestion	Wash out mouth with water. Remove dentures if any.. Remove victim to fresh air and keep at rest in a position, comfortable for breathing. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Do not induce vomiting unless directed to do so by medical personnel. If vomiting occurs the head should be kept low so that vomit does not enter the lungs. Get medical attention if adverse health effects persist or are severe. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.
Eye contact	Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Continue to rinse for at least 10 minutes. Get medical attention.
Skin contact	Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes. Get medical attention if symptoms occur. Wash clothing before reuse. Clean shoes thoroughly before re use.
<b>Storage, handling, spillage and disposal</b>	
Do not store above the following temperature 50C. Store in accordance with local regulations. Store away from direct sunlight in a dry cool and well ventilated area, away from incompatible materials and food and drink. Eliminate all ignition sources. Use appropriate containment to avoid environmental contamination.	

<b>Fire precautions and action</b>
Use an extinguishing agent suitable for surrounding fire

<b>Maintenance of plant, equipment or PPE</b>
Personal protective clothing should be considered based on the task being performed and the risk involved. Gloves and apron to be worn when using this product.

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A

<b>Overall risk rating with control measures in place.</b>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>
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<b>Recommended actions/improvements</b>	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director

Review date: -

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October  
2026/as &  
when a product

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Dishwasher Salt Granules		
Supplier and contact no.	DRI-PAK LIMITED		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Dishwasher cleaner		
Location used?	Kitchen		
How often used?	Weekly		
Quantities used?	As per instructions		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid – emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	N/A

<b>General work procedures</b>
Cleaning of dishwasher

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Move to fresh air keep warm and rest.
Ingestion	Wash out mouth with water and give plenty of water to drink. Do not induce vomiting. If patient feels unwell obtain medical attention.
Eye contact	Remove contact lenses if present. The eye should be thoroughly irrigated with clean water for no less than 10 minutes. Eyelids should be held away from the eyeball to ensure thorough rinsing. Obtain medical attention if symptoms develop.
Skin contact	Wash skin with water if irritation occurs and persists seek medical advice.
<b>Storage, handling, spillage and disposal</b>	
Not combustible though packaging may burn.	

<b>Fire precautions and action</b>
Store in cool dry place in the original containers. Keep away from strong acids and common metals.

<b>Maintenance of plant, equipment or PPE</b>
N/A

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A

**Overall risk rating with control measures in place.** High  Medium  Low

<b>Recommended actions/improvements</b>	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>


Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026/ as & when a product is updated/



### COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Dishwasher Cleaner		
Supplier and contact no.	McBride		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Dishwasher cleaner		
Location used?	Kitchen		
How often used?	Daily		
Quantities used?	One capful		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	
Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye irritation

<b>General work procedures</b>
Cleaner for diswasher

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		

Ingestion	
Skin contact	
Eye contact	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>	

<b>Monitoring</b>	<b>Type and frequency</b>
Air	
LEV	
Personal	
Health surveillance	

<b>First aid treatment</b>	
Inhalation	Move to fresh air
Ingestion	Rinse mouth thoroughly. Do not induce vomiting. Seek medical attention.
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin thoroughly with water.

**Storage, handling, spillage and disposal**

Store away from incompatible materials. Store in original tightly closed container.

**Fire precautions and action**

No unusual fire or explosion hazards noted.

**Maintenance of plant, equipment or PPE**

N/A

**Further information and instruction** (e.g. precautionary statements)  
N/A

**Overall risk rating with control measures in place.** High Medium Low

Recommended actions/improvements	By who?	By when?	Done










Signature: - Joanna Wilkinson Date: - April 2026  
October 2026 - as a when product is updated/reviewed

Position: - Managing Director Review date: -

### **COSHH assessment**




<b>Company Name</b>	New Beginnings Day Nursery
<b>Name of substance/s</b>	Gompels Anti-Bac Spray
Supplier and contact no.	Gompels 0345 450 2420
Data sheet	Attached <input type="checkbox"/> In file <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Assessment ref.	
Process use or purpose?	Clean in kitchen surfaces
Location used?	Kitchen
How often used?	Daily
Quantities used?	Spray area
Who will be exposed?	Operator <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Fire and environment - emergency no.	
First aid - emergency no.	

**Hazard symbols and pictograms** (as indicated on the container/packaging/safety data sheet)

								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional								

<b>General work procedures</b>
To clean kitchen surfaces

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Move affected person to fresh air at once. Rinse nose and mouth with water. Get medical attention if any discomfort continues.
Ingestion	Never give anything by mouth to an unconscious person. Do not induce vomiting. Rinse mouth thoroughly with water. Get medical attention if any discomfort continues.
Eye contact	Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention if irritation persists after washing.
Skin contact	Rinse immediately with plenty of water. Remove contaminated clothing. Get medical attention if irritation persists after washing.

<b>Storage, handling, spillage and disposal</b>
Store in tightly-closed, original container in a dry, cool and well-ventilated place.

<b>Fire precautions and action</b>
------------------------------------

This product is not flammable.

**Maintenance of plant, equipment or PPE**

Ensure apron and gloves are worn when using the product.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026










Position: - Managing Director Review date: - October 2026  
/as & when a product is updated/

**COSHH assessment**

<b>Company Name</b>	New Beginnings Day Nursery
<b>Name of substance/s</b>	Detergent Sanitiser Tablets
Supplier and contact no.	Gompels 0345 450 2420
Data sheet	Attached <input type="checkbox"/> In file <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Assessment ref.	
Process use or purpose?	Sanitiser toys, floors, surfaces.
Location used?	Nursery rooms, kitchens, bathrooms
How often used?	Daily
Quantities used?	One tablet
Who will be exposed?	Operator <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Fire and environment - emergency no.	

First aid – emergency no.

**Hazard symbols and pictograms** (as indicated on the container/packaging/safety data sheet)

								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye irritation Harmful if inhaled May cause respiratory irritation
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**General work procedures**

Sanitiser toys, floors, surfaces.

**Does the substance have a Workplace Exposure Limit (WEL)?** Yes  No

What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

**Select the Personal Protective Equipment (PPE) required for this process**

							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring	Type and frequency
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

**First aid treatment**

Inhalation	Move affected person to fresh air at once. Get medical attention. Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing. When breathing is difficult, properly trained personnel may assist affected person by administering oxygen.
Ingestion	Do not induce vomiting. Remove affected person from source of contamination. Give plenty of water to drink. Get medical attention immediately. Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing.
Eye contact	Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention promptly if symptoms occur after washing.
Skin contact	Wash skin thoroughly with soap and water. Get medical attention promptly if symptoms occur after washing.

**Storage, handling, spillage and disposal**

Store in tightly-closed, original container in a dry, cool and well ventilated place. Keep only in the original container.

**Fire precautions and action**

Use foam, carbon dioxide, dry powder or water fog to extinguish.

**Maintenance of plant, equipment or PPE**

Ensure gloves and apron is worn when using this product.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.**

High

Medium

Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson










Date: - April 2026

Position: - Managing Director

Review date: - October 2026/as & when a product is

## COSHH assessment

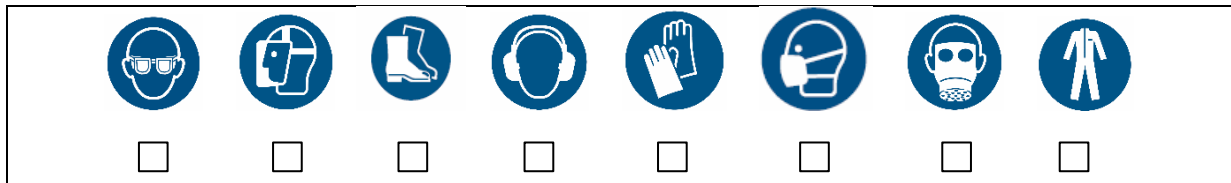
<b>Company Name</b>	New Beginnings Day Nursery
<b>Name of substance/s</b>	Gompels SOCLEAN Antibacterial Hand Soap
Supplier and contact no.	Gompels
Data sheet	Attached <input type="checkbox"/> In file <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Assessment ref.	
Process use or purpose?	Hand Cleaner
Location used?	Nursery rooms & kitchen
How often used?	Daily
Quantities used?	One squirt
Who will be exposed?	Operator <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Fire and environment - emergency no.	
First aid - emergency no.	

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
        	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	

<b>General work procedures</b>
Santiser

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>
---



<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	N/A
Ingestion	Never give anything by mouth to an unconscious person. Do not induce vomiting. Rinse mouth thoroughly with water. Get medical attention if any discomfort continues.
Eye contact	Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue rinse for at least 15 minutes. Get medical attention if irritation persists after washing.
Skin contact	

**Storage, handling, spillage and disposal**

Store in tightly-closed, original container in a dry, cool and well ventilated place.

**Fire precautions and action**

This product is not flammable.

**Maintenance of plant, equipment or PPE**

Apron to be worn while using this product.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

<b>Recommended actions/improvements</b>	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>











			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026/as & when a product is updated/









### **COSHH assessment**

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	OUST all purpose descaler		
Supplier and contact no.	Henkel		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Descal kettles		
Location used?	Kitchen		
How often used?	Weekly		
Quantities used?	As per instructions		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Causes skin irritation Causes serious eye damage

<b>General work procedures</b>
Used for kettles

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Move to fresh air. In case of breathing difficulties seek immediate advice.
Ingestion	Do not induce vomiting seek medical advice immediately. Rinse mouth with water only if person is conscious
Eye contact	Rinse immediately with plenty of running water for 10 minutes, seek medical attention from a specialist.
Skin contact	Rinse with water. Take off all clothing contaminated by the product.

<b>Storage, handling, spillage and disposal</b>
Store in dry conditions between 5 and 40

<b>Fire precautions and action</b>
The product itself does not burn.

<b>Maintenance of plant, equipment or PPE</b>
Ensure gloves and aprons are worn when using the product.

<b>Further information and instruction</b> (e.g. precautionary statements)
--

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026/as & when a product is updated/

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery
<b>Name of substance/s</b>	Probe wipes
Supplier and contact no.	Gompels
Data sheet	Attached <input type="checkbox"/> In file <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Assessment ref.	
Process use or purpose?	To clean food probes after use
Location used?	Kitchen
How often used?	Daily
Quantities used?	One wipe per probe
Who will be exposed?	Operator <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Fire and environment - emergency no.	
First aid - emergency no.	

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	N/A

<b>General work procedures</b>
To clean probes used after checking food temperatures.

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>	
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	

Health surveillance <input type="checkbox"/>	
--	--

**First aid treatment**

Inhalation	Consult a doctor
Ingestion	Wash out mouth with water
Eye contact	Bathe eye with running water for 15 minutes
Skin contact	Wash immediately with plenty of soap and water

**Storage, handling, spillage and disposal**

Store in a cool, well ventilated area. Keep container tightly closed.

**Fire precautions and action**

Suitable extinguishing media for the surrounding fire should be used. Use water spray to cool containers.

**Maintenance of plant, equipment or PPE**

N/A

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>









Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026/ as & when a product is updated/ removed











## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco cream cleaner citrus		
Supplier and contact no.	McBride		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Cleaner		
Location used?	Nursery rooms & bathrooms		
How often used?	As and when required		
Quantities used?	Small amount on sponge		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
       	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye irritation

<b>General work procedures</b>
Cleaning areas

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	

LEV	<input type="checkbox"/>	
Personal	<input type="checkbox"/>	
Health surveillance	<input type="checkbox"/>	

**First aid treatment**

Inhalation	N/A
Ingestion	Seek medical attention, showing the label.
Eye contact	Wash thoroughly with soft, clean water for up to 15 minutes holding the eyelids open. If there is any redness or visual impairment, consult and ophthalmologist.
Skin contact	N/A

**Storage, handling, spillage and disposal**

Keep out of reach of children.

**Fire precautions and action**

Non flammable

**Maintenance of plant, equipment or PPE**

Ensure gloves and aprons are worn while using produc.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director

Review date: -










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October 2026/  
as & when a  
product is  
updated/

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## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Dishwasher Rinse Aid		
Supplier and contact no.	McBride 0161 653 9037		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Cleaning of dishwasher		
Location used?	Kitchen		
How often used?	Weekly		
Quantities used?	One capful		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
        	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	N/A

<b>General work procedures</b>
Cleaning of the dishwasher

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Move to fresh air
Ingestion	Rinse mouth thoroughly. Do not induce vomiting. Seek medical attention.
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin thoroughly with water
<b>Storage, handling, spillage and disposal</b>	
Store away from incompatible materials. Store in a original tightly closed container.	

<b>Fire precautions and action</b>
No unusual fire or explosion hazards noted.

<b>Maintenance of plant, equipment or PPE</b>
N/A

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026 /as & when a product is updated/





Personal	<input type="checkbox"/>	
Health surveillance	<input type="checkbox"/>	

**First aid treatment**

Inhalation	Move affected person to fresh air at once. Get medical attention if any discomfort continues.
Ingestion	Keep affected person warm and at rest. Do not induce vomiting unless under the direction of medical personnel. Rinse mouth thoroughly with water. Give plenty of water to drink. Get medical attention if any discomfort continues. If in doubt, get medical attention promptly.
Eye contact	Remove any contact lenses and open eyelids wide apart. Rinse cautiously with water for several minutes. Get medical attention immediately. Continue to rinse.
Skin contact	Remove contamination with soap and water or recognised skin cleansing agent. Get medical attention if symptoms are severe or persist after washing.

**Storage, handling, spillage and disposal**

Keep in a cool place.

**Fire precautions and action**

This product is non-combustible. The product is not flammable.

**Maintenance of plant, equipment or PPE**

Apron and gloves to be worn while using this product.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low











Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: -









### **COSHH assessment**

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco washing up liquid		
Supplier and contact no.	McBride		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Washing up, cleaning product		
Location used?	Nursery rooms, kitchen, utility room		
How often used?	Daily		
Quantities used?	One squirt		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye irritation

<b>General work procedures</b>
Cleaning

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Move to fresh air
Ingestion	Rinse mouth thoroughly. Do not induce vomiting. Seek medical attention
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin throughout with water
<b>Storage, handling, spillage and disposal</b>	
Store away from incompatible materials. Store in original tightly closed container.	

<b>Fire precautions and action</b>
No unusual fire or explosive hazards noted.

<b>Maintenance of plant, equipment or PPE</b>
None of the components have assigned exposure limits.

<b>Further information and instruction</b> (e.g. precautionary statements)

<b>Overall risk rating with control measures in place.</b>	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input checked="" type="checkbox"/>
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<b>Recommended actions/improvements</b>	<b>By who?</b>	<b>By when?</b>	<b>Done</b>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026  
October 2026/  
as & when a  
product is  
updated/  
removed

Position: - Managing Director Review date: - removed









## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco washing up liquid lemon		
Supplier and contact no.	McBride		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Washing up, cleaning product		
Location used?	Nursery rooms, kitchen, utility room		
How often used?	Daily		
Quantities used?	One squirt		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
        	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye irritation

<b>General work procedures</b>
Cleaning

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	

Health surveillance <input type="checkbox"/>	
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**First aid treatment**

Inhalation	Move to fresh air
Ingestion	Rinse mouth thoroughly. Do not induce vomiting. Seek medical attention
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin thoroughly with water

**Storage, handling, spillage and disposal**

Store away from incompatible materials. Store in original tightly closed container.

**Fire precautions and action**

No unusual fire or explosive hazards noted.

**Maintenance of plant, equipment or PPE**

None of the components have assigned exposure limits.

**Further information and instruction** (e.g. precautionary statements)

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>











Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: -

October 2026/  
as & when a  
product is  
updated/  
removed









## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Zoflora Concentrated Disinfectant		
Supplier and contact no.	Thornton & Ross		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Mop head disinfectant		
Location used?	Utility room		
How often used?	Daily		
Quantities used?	One capful		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input checked="" type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per per packaging) - optional	May produce an allergic reaction

<b>General work procedures</b>
To disinfect mop heads

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	

Health surveillance <input type="checkbox"/>	
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**First aid treatment**

Inhalation	Remove from exposure and get fresh air. Get medical attention.
Ingestion	Wash out mouth with water and then drink plenty of water. Do not induce vomiting. Get medical attention.
Eye contact	Rinse with plenty of water for at least 10 minutes, keeping the eyelids open if necessary. Get medical attention.
Skin contact	Wash skin thoroughly with water. If irritation persist seek medical advice

**Storage, handling, spillage and disposal**

Store in well closed containers in a cool place, away from sources of ignition.

**Fire precautions and action**

Suitable extinguishing media: Water spray, foam, dry chemical or carbon dioxide.

**Maintenance of plant, equipment or PPE**

N/A

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026/ as & when a product is updated/



## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Crystale Dishwasher Tablets Ultra 5 in 1		
Supplier and contact no.	Gompels Healthcare Limited 0345 450 2420		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Dishwashing Detergent		
Location used?	Kitchen		
How often used?	As and when required		
Quantities used?	Required amount		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others	<input type="checkbox"/>
Fire and environment - emergency no.			
First aid – emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Causes serious eye irritation

<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>	
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	This product is not classified as hazardous through inhalation, however, it is recommended in case of intoxication symptoms to remove the person affected from the area of exposure, provide clean air and keep at rest. Request medical attention if symptoms persist.
Ingestion	Do not induce vomiting, but if does happen keep the head down to avoid aspiration. Keep the person affected at rest. Rinse out the mouth and throat, as they may have been affected during ingestion.
Eye contact	Rinse out thoroughly with lukewarm water for at least 15 minutes. Do not allow the person affected to rub or close their eyes. If the injured person uses contact lenses, these should be removed unless they are stuck to the eyes, as this could cause further damage. In all cases, after cleaning, a doctor should be consulted as quickly as possible with the SDS of the product.
Skin contact	This product is not classed as hazardous when in contact with the skin. However, in case of skin contact it is recommended to remove contaminated clothes and shoes, rinse the skin or shower the person affected if necessary thoroughly with cold water and neutral soap. In cse of serious reaction consult a doctor.

<b>Storage, handling, spillage and disposal</b>
Store in a cool, dry, well-ventilated location. Avoid sources of heat, radiation, static electricity and contact with food.

<b>Fire precautions and action</b>
This product is non-flammable.

<b>Maintenance of plant, equipment or PPE</b>
Ensure gloves are worn when using this product.

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A

<b>Overall risk rating with control measures in place.</b>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>
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<b>Recommended actions/improvements</b>	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: -	Joanna Wilkinson	Date: -	April 2026
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Position: -	Managing Director	Review date: -	October 2026/as & when a product is updated/ revised
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## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Soclean Professional Dishwasher Rinse Aid		
Supplier and contact no.	Gompels Healthcare Limited 0345 450 2420		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Washing & Cleaning product		
Location used?	Kitchen		
How often used?	As and when required		
Quantities used?	Required amount		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid – emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
        	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Not classified as hazardous.

<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>	
       	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Remove casualty from exposure ensuring one's own safety whilst doing so.
Ingestion	If swallowed, do not induce vomiting: seek medical advice immediately and show this container or label.
Eye contact	Rinse immediately with plenty of water. Seek medical attention if irritation or symptoms persist.
Skin contact	Wash with water. Seek medical attention if irritation or symptoms persist.
<b>Storage, handling, spillage and disposal</b>	
Avoid contact with eyes and skin. Ensure adequate ventilation of the working area. Adopt best manual handling considerations when handling, carrying and dispensing. Wash hands after handling the product.	

<b>Fire precautions and action</b>
This product is non-flammable.

<b>Maintenance of plant, equipment or PPE</b>
Ensure gloves are worn when using this product.

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A











<b>Overall risk rating with control measures in place.</b>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>
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<b>Recommended actions/improvements</b>	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: -	Joanna Wilkinson	Date: -	April 2026
Position: -	Managing Director	Review date: -	October 2026/as & when a product is updated/








## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery
<b>Name of substance/s</b>	Insette Oven Cleaner
Supplier and contact no.	Gompels Healthcare Limited 0345 450 2420
Data sheet	Attached <input type="checkbox"/> In file <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Assessment ref.	
Process use or purpose?	Oven Cleaner
Location used?	Kitchen
How often used?	As and when required
Quantities used?	Required amount
Who will be exposed?	Operator <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Fire and environment - emergency no.	
First aid - emergency no.	

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input checked="" type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Extremely Flammable Aerosol. Causes severe skin burns and eye damage.

<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	
Eye contact <input type="checkbox"/>	

Select the Personal Protective Equipment (PPE) required for this process							
							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Monitoring	Type and frequency
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

First aid treatment	
Inhalation	Remove to fresh air in case of accidental inhalation of vapours. If symptoms persist seek medical advice.
Ingestion	Do not induce vomiting. Wash out mouth with water. Give 1 cup of water to drink every 10 minutes. Seek medical advice.
Eye contact	Bathe the eye with running water for about 15 minutes. If symptoms persist seek medical advice.
Skin contact	Wash immediately with plenty of soap and water. Remove all contaminated clothes and footwear immediately unless stuck to skin. Drench the effected skin with running water for 10 minutes if substance is still on skin.

**Storage, handling, spillage and disposal**

Avoid contact with eyes and skin. Ensure adequate ventilation of the working area. Adopt best manual handling considerations when handling, carrying and dispensing. Wash hands after handling the product.

**Fire precautions and action**

This product is non-flammable.

**Maintenance of plant, equipment or PPE**

Ensure gloves are worn when using this product.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: -	Joanna Wilkinson	Date: -	April 2026
Position: -	Managing Director	Review date: -	October 2026 / as & when a product is updated/

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Antibacterial Eucalyptus Washing Up Liquid		
Supplier and contact no.	McBride Plc MIDDLETON + 44 (0) 161 653 9037		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	For manual washing of dishes and kitchenware.		
Location used?	Kitchen & Staff Room		
How often used?	As and when required		
Quantities used?	Required amount		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments / Hazard statements / signal words (as per per packaging) - optional	Serious eye irritation

<b>General work procedures</b>
For manual washing of dishes and kitchenware.

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	

Health surveillance <input type="checkbox"/>	
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**First aid treatment**

Inhalation	Move to fresh air.
Ingestion	Rinse mouth thoroughly. Do NOT induce vomiting. Seek medical attention.
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove any contact lenses and open eyes wide apart. Get medical attention if irritation persists after washing.
Skin contact	Flush skin thoroughly with water.

**Storage, handling, spillage and disposal**

Store away from incompatible materials. Store in original tightly closed container. Provide adequate ventilation. Avoid contact with eyes. Avoid contact with skin. No specific hygiene procedures noted, but good personal hygiene practices are always advisable, especially when working with chemicals. Use only as directed.

**Fire precautions and action**

No unusual fire or explosion hazards noted.  
Extinguish with foam, carbon dioxide, dry powder or water fog.

**Maintenance of plant, equipment or PPE**

Use suitable protective gloves if risk of skin contact.  
If risk of splashing, wear safety goggles or face shield.

**Further information and instruction** (e.g. precautionary statements)

N/A

**Overall risk rating with control measures in place.** High  Medium  Low











Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026 / as & when a product is updated/





## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Tesco Blue Sapphire In Wash Fragrance Booster		
Supplier and contact no.	Tesco		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Washing & Cleaning Product. Added to hoover to keep fresh.		
Location used?	Utility room		
How often used?	As and when required		
Quantities used?	Required amount		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid – emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Harmful to aquatic life with long lasting effects.

<b>General work procedures</b>
Liquid Fabric Enhancer

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation <input type="checkbox"/>		
Ingestion <input type="checkbox"/>		
Skin contact <input type="checkbox"/>		
Eye contact <input type="checkbox"/>		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Move the affected person away from the contaminated area and into the fresh air. Allow the victim to rest. If experiencing respiratory symptoms: Get medical advice/attention.
Ingestion	If swallowed, rinse mouth with water (only if the person is conscious). Get immediate medical advice/attention. Do not induce vomiting.
Eye contact	Immediately flush eyes thoroughly with water for at least 15 minutes. Consult an eye specialist.
Skin contact	Wash immediately with plenty of soap and water. Remove/Take off immediately all contaminated clothing. If skin irritation occurs: Get medical advice/attention.
<b>Storage, handling, spillage and disposal</b>	
Store in original container.	

<b>Fire precautions and action</b>
Carbon oxides (CO, CO <sub>2</sub> ). Fire will produce dense black smoke. Do not breathe fumes from fires or vapours from decomposition.

<b>Maintenance of plant, equipment or PPE</b>
In case of inadequate ventilation wear respiratory protection Wear suitable gloves and eye/face protection.

<b>Further information and instruction</b> (e.g. precautionary statements)
N/A

<b>Overall risk rating with control measures in place.</b>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>
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<b>Recommended actions/improvements</b>	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: - Joanna Wilkinson Date: - April 2026

Position: - Managing Director Review date: - October 2026 / as & when a product is updated/ reviewed







## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery
<b>Name of substance/s</b>	Cotton Fresh Floor Gel
Supplier and contact no.	Gompels Healthcare Limited 0345 450 2420
Data sheet	Attached <input type="checkbox"/> In file <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Assessment ref.	
Process use or purpose?	Floor Cleaner
Location used?	Kitchen / Hallways / Rooms
How often used?	As and when required
Quantities used?	Required amount
Who will be exposed?	Operator <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Fire and environment - emergency no.	
First aid - emergency no.	

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional	Causes skin irritation. Causes serious eye damage.

<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input type="checkbox"/>	Face Mask
Ingestion <input type="checkbox"/>	
Skin contact <input type="checkbox"/>	Gloves
Eye contact <input type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
 <input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>	 <input checked="" type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
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Air	<input type="checkbox"/>	
LEV	<input type="checkbox"/>	
Personal	<input type="checkbox"/>	
Health surveillance	<input type="checkbox"/>	

**First aid treatment**

Inhalation	Inhalation Remove person to fresh air and keep comfortable for breathing. If you feel unwell, seek medical advice (show the label where possible)
Ingestion	Ingestion If swallowed, do not induce vomiting: seek medical advice immediately and show this container or label Never give anything by mouth to an unconscious person If you feel unwell, seek medical advice (show the label where possible)
Eye contact	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention.
Skin contact	IF ON SKIN: Wash with plenty of soap and water. If skin irritation occurs: Get medical advice/attention

**Storage, handling, spillage and disposal**

- Avoid contact with acids and alkalis
- Store in a dry place. Store in a closed container.
- Wear protective gloves/protective clothing/eye protection/face protection.
- When using do not eat, drink or smoke
- Forms hazardous decomposition products
- Avoid release to the environment.
- Dispose of contents/container to an authorised waste collection point

**Fire precautions and action**

In case of fire use foam, carbon dioxide or dry agent

**Maintenance of plant, equipment or PPE**


**Further information and instruction** (e.g. precautionary statements)

**Overall risk rating with control measures in place.** High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

				<input type="checkbox"/>
Signature: -	Joanna Wilkinson	Date: -	April 2026	
Position: -	Managing Director	Review date: -	October 2026 / as & when a product is updated/	









### **COSHH assessment**

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Sanell Sterilising Fluid		
Supplier and contact no.	Gompels HealthCare Ltd		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Cleaning Product		
Location used?	Hallway / Kitchen / Rooms		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			
<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)			
			
			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Hazard statements / signal words (as per packaging) - optional	Highly flammable liquid and vapour
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<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input checked="" type="checkbox"/>	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Call a POISON CENTER or doctor/physician if exposed or you feel unwell.
Ingestion <input checked="" type="checkbox"/>	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell. Rinse mouth. Do NOT induce vomiting.
Skin contact <input checked="" type="checkbox"/>	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention
Eye contact <input checked="" type="checkbox"/>	IF ON SKIN: Wash with plenty of water and soap. If skin irritation or rash occurs: Get medical advice/attention. Take off contaminated clothing and wash before reuse

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	
Health surveillance <input type="checkbox"/>	

<b>First aid treatment</b>	
Inhalation	Remove casualty from exposure ensuring one's own safety whilst doing so. Consult a doctor.
Ingestion	Wash out mouth with water. Consult a doctor.
Eye contact	Bathe the eye with running water for 15 minutes. Consult a doctor.
Skin contact	Remove all contaminated clothes and footwear immediately unless stuck to skin. Wash immediately with plenty of soap and water.
<b>Storage, handling, spillage and disposal</b>	

Do not discharge into drains or rivers. Contain the spillage using bunding.  
 Absorb into dry earth or sand. Transfer to a closable, labelled salvage container for disposal by an appropriate method.  
 Avoid direct contact with the substance. Ensure there is sufficient ventilation of the area. Do not handle in a confined space. Avoid the formation or spread of mists in the air.  
 Store in a cool, well ventilated area. Keep container tightly closed.  
 Must only be kept in original packaging.

**Fire precautions and action**

Suitable extinguishing media for the surrounding fire should be used. Use water spray to cool containers.

**Maintenance of plant, equipment or PPE**

**Further information and instruction** (e.g. precautionary statements)

**Overall risk rating with control measures in place.**

High  Medium  Low

Recommended actions/improvements	By who?	By when?	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Signature: -	Joanna Wilkinson	Date: -	April 2026
Position: -	Managing Director	Review date: -	October 2026/ as & when a product is updated/

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	So Clean Floral Burst Disinfectant		
Supplier and contact no.	Gompels Healthcare Ltd 0345 450 2420		
Data sheet	Attached <input type="checkbox"/>	In file <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Assessment ref.			
Process use or purpose?	Cleaning Product		
Location used?	Kitchen / Hallway / Rooms		
How often used?	As and when required		
Quantities used?	Required Amount		
Who will be exposed?	Operator <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
Fire and environment - emergency no.			
First aid - emergency no.			

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Comments / Hazard statements / signal words (as per per packaging) - optional Highly flammable liquid and vapour

<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the exposure limit?	
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>
Inhalation <input checked="" type="checkbox"/>	
Ingestion <input checked="" type="checkbox"/>	
Skin contact <input checked="" type="checkbox"/>	
Eye contact <input checked="" type="checkbox"/>	

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
 <input checked="" type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air <input type="checkbox"/>	
LEV <input type="checkbox"/>	
Personal <input type="checkbox"/>	



Position: - Managing Director









Review date: -

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October 2026/  
as & when a  
product is  
updated/








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## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	SoClean Fabric Conditioner		
Supplier and contact no.	Gompels		
Data sheet	Atta ched	In file	Other
Assessment ref.			
Process use or purpose?	Laundry Cleaner		
Location used?	Utility Room		
Who will be exposed?	Oper ator	Others	
Fire and environment - emergency no.			
First aid - emergency no.			
<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)			
			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Hazard statements / signal words (as per packaging) - optional		Highly flammable liquid and vapour	

<b>General work procedures</b>

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>		Yes	No
What is the exposure limit?			
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>		
Inhalation			
Ingestion			
Skin contact			
Eye contact			

<b>Select the Personal Protective Equipment (PPE) required for this process</b>							
							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monitoring</b>	<b>Type and frequency</b>
Air	

LEV	
Personal	
Health surveillance	

<b>First aid treatment</b>	
Inhalation	Move exposed person to fresh air. Get medical attention if discomfort continues
Ingestion	Do Not Induce Vomiting! Immediately rinse mouth and drink plenty of water Get medical advice
Eye contact	Immediately flush with plenty of water for up to 15 minutes. Remove contact lenses if safe and easy to do so, open eyes wide apart. Get medical attention immediately. Continue to rinse
Skin contact	Remove contaminated clothing immediately and wash with soap and water. Get medical attention if any discomfort continues
<b>Storage, handling, spillage and disposal</b>	
<p>Avoid Spilling, skin and eye contact. Do Not Smoke In Work Area! Wash at the end of each work shift and before eating, smoking and using the toilet. Wash promptly if skin becomes contaminated. Promptly remove any clothing that becomes contaminated. When using, do not eat, drink or smoke</p> <p>Keep containers tightly closed. Keep in original containers. Do not allow product to freeze, avoid extreme temperatures.</p>	

<b>Fire precautions and action</b>
The preparation is not readily flammable, use fire-extinguishing media suitable for surrounding materials

<b>Maintenance of plant, equipment or PPE</b>

<b>Further information and instruction</b> (e.g. precautionary statements)

<b>Overall risk rating with control measures in place.</b>	High	Medium	Low
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<b>Recommended actions/improvements</b>	By who?	By when?	Done


Signature: - <u>Joanna Wilkinson</u>	Date: - <u>April 2026</u>
Position: - <u>Managing Director</u>	Review date: - <u>October 2026 / as &amp; when a product is updated/ removed</u>

## COSHH assessment

<b>Company Name</b>	New Beginnings Day Nursery		
<b>Name of substance/s</b>	Triguard		
Supplier and contact no.	Edge Protect		
Data sheet	Attached	In file	Other
Assessment ref.			
Process use or purpose?	Hand Cleaner		
Location used?	Nursery rooms		
How often used?	Daily		
Quantities used?	One squirt		
Who will be exposed?	Operator	Others	
Fire and environment - emergency no.	N/A		
First aid – emergency no.	N/A		

<b>Hazard symbols and pictograms</b> (as indicated on the container/packaging/safety data sheet)	
Comments / Hazard statements / signal words (as per per packaging) - optional	Not classified

<b>General work procedures</b>
Santiser

<b>Does the substance have a Workplace Exposure Limit (WEL)?</b>	Yes	No
What is the exposure limit?		
<b>Routes of exposure</b>	<b>If necessary list a specific type of PPE to be used?</b>	
Inhalation		
Ingestion		
Skin contact		
Eye contact		

<b>Select the Personal Protective Equipment (PPE) required for this process</b>

<b>Monitoring</b>	<b>Type and frequency</b>

Air	
LEV	
Personal	
Health surveillance	

**First aid treatment**

Inhalation	Avoid inhalation of vapor mist or spray. Remove person to fresh air and keep comfortable for breathing. Get medical attention if any discomfort continue.
Ingestion	Rinse mouth thoroughly with water. Do not induce vomiting. Give plenty of water to drink. Get medical attention if any discomfort continues.
Eye contact	Wash with plenty of water. Get medical attention if irritation persists after washing.
Skin contact	N/A

**Storage, handling, spillage and disposal**

Store in tightly closed, original container in a dry, cool and well-ventilated place. Container must be kept tightly closed when not in use.

**Fire precautions and action**

This product is not flammable. Use fire-extinguishing media suitable for the surrounding fire.

**Maintenance of plant, equipment or PPE**

This product does not contain any relevant quantities of materials with critical values that have to be monitored at the workplace.

**Further information and instruction** (e.g. precautionary statements)

Only trained personnel should use this material

<b>Overall risk rating with control measures in place.</b>	High	Medium	Low
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Recommended actions/improvements	By who?	By when?	Done

Signature: - <u>Joanna Wilkinson</u>	Date: -	<u>April 2026</u>
Position: - <u>Managing Director</u>	Review date: -	October 2026 / as & when a product is updated/ removed