

**Record of Personal Work Activity**

|  |
| --- |
| **The COSHH Regulations require all individuals working with substances that can cause certain identifiable diseases or adverse health effects to be monitored. As a pre-cautionary measure the University of Strathclyde requires the completion of a Personal Work activity form**   * **Cytotoxic substances and agents** * **Carcinogenic Substances** * **Mutagenic Substances** * **Teratogenic Substances**   **For further information on the criteria for health surveillance see the HSE website:**  [**http://www.hse.gov.uk/coshh/basics/surveillance.htm**](http://www.hse.gov.uk/coshh/basics/surveillance.htm)  **The Data Protection Act 1998 requires the University to inform you that the data on this form will be used for the purposes of improving the management of health and safety in the University and in accordance with legislative requirements.** |

|  |  |
| --- | --- |
| **Personal Details** | |
| Surname: | Forenames: |
| Male/Female: | Date of Birth: |
| N.I. Number: | |
| Date commenced present job: | |
| Permanent address: | |
| Postcode: | Dept. Tel No: |
| Status: Staff/Undergraduate student/Postgraduate student/Visitor/Other (Delete as appropriate) | |
| Department: | |
| Supervisor’s name and contact telephone number: | |
| **Signed:** | **Date:** |

**PLEASE COMPLETE SUBSTANCE DETAILS OVERLEAF**

**THIS RECORD MUST BE KEPT BY THE DEPARTMENT FOR 40 YEARS FOLLOWING THE INDIVIDUAL LEAVING THE EMPLOYMENT OF THE UNIVERSITY.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***SUBSTANCE DETAILS*** | | | | | |
| **Name of substance** | **Nature of hazard 1** | **Physical state 2** | **Quantity, amount 3** | **Frequency/duration of use 4** | **Control measures in use 5** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(1) Carcinogen, mutagen, substance toxic to reproduction, respiratory sensitiser, skin sensitiser or *‘pharmaceutical substance of unknown toxicity’*

(2) Powder, liquid, solid

(3) Include amount and units

(4) Daily, weekly, monthly, rarely

(5) Fume cupboard, laminar flow bench, local exhaust ventilation (LEV), glove box , isolator or other form of containment, personal protective equipment (please specify)