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| --- | --- | --- | --- | --- | --- |
| **Substance Name:** | De-ionised Water | | **Manufacturer:** | Tetrosyl | |
| Is hazard data sheet available:  Yes  No | **Assessment Reference No**. | | | **E0075** | |
| Explosive |  |  | Corrosive |  |  |
| Health Hazard |  |  | Oxidizing |  |  |
| Serious Health Hazard |  |  | Toxicity 1-3 |  |  |
| Flammable |  |  | Acute Toxicity 4 |  |  |
| Carcinogenic |  |  | Harmful to Aquatic Environment |  |  |
| Gas Under Pressure |  |  | Hazardous to the Ozone Layer |  |  |
| Dust/Fume |  |  | Irritant |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of current or proposed use:** | | | | | | **Current controls:** | | | | | | | | | |
| **Hazard Classification:**  Classified as non-hazardous  Topping up batteries | | | | | | Good hygiene procedures followed.  PPE used.  Store in tightly-closed, original container in a well-ventilated place.  Keep away from heat, sparks and open flame. | | | | | | | | | |
| **Estimated duration of operator exposure.** | | | | | | < 15 mins | | | | | | | | | |
| **Estimated quantity used.** | | | | | | 25 litre | | | | | | | | | |
| **Potential exposure routes.** | | | | | | **Current PPE specified.** | | | | | | | | | |
| Skin contact | |  | Skin Absorption | |  | Eye/Face | | |  | |  | | | | |
| Inhalation | |  | Eye | |  | Respiratory | | |  | |  | | | | |
| Ingestion | |  |  | |  | Body | | |  | |  | | | | |
| Sharps and Puncture | |  |  | |  | Hand | | |  | |  | | | | |
| Contaminated Clothing | |  |  | |  | Other | | |  | | Use appropriate skin cream to prevent drying of skin. | | | | |
| Is the method of use in accordance with supplier’s guidance? | | | | | | | | | | | Yes |  | | No |  |
| Are control measures in accordance with supplier’s guidance? | | | | | | | | | | | Yes |  | | No |  |
| Is the material stored in accordance with supplier’s guidance? | | | | | | | | | | | Yes |  | | No |  |
| Can spillages or accidental release be dealt with satisfactorily? | | | | | | | | | | | Yes |  | | No |  |
| Is adequate and suitable fire-fighting equipment available? | | | | | | | | | | | Yes |  | | No |  |
| Are adequate and suitable first-aid facilities available? | | | | | | | | | | | Yes |  | | No |  |
| Are all risks adequately controlled? | | | | | | | | | | | Yes |  | | No |  |
| Less hazardous alternatives to be sought? | | | | Yes |  | No |  | Additional or upgraded PPE required?  Yes  No | | | | | | | |
| Other controls or action required? | | | | Yes |  | No |  |
| **Assessed by:** | Mike Turner | | | | | | | | | **Date:** | | | 01.01.2023. | | |