|  |  |  |  |
| --- | --- | --- | --- |
| **Substance Name:** | De-ionised Water | **Manufacturer:** | Tetrosyl  |
| Is hazard data sheet available: Yes [x]  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 |  |[ ]

|  |  |
| --- | --- |
| **Description of current or proposed use:** | **Current controls:** |
| **Hazard Classification:**Classified as non-hazardousTopping 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 |[x]  Use appropriate skin cream to prevent drying of skin. |
| Is the method of use in accordance with supplier’s guidance?  | Yes |[x]  No |[ ]
| Are control measures in accordance with supplier’s guidance?  | Yes |[x]  No |[ ]
| Is the material stored in accordance with supplier’s guidance?  | Yes |[x]  No |[ ]
| Can spillages or accidental release be dealt with satisfactorily?  | Yes |[x]  No |[ ]
| Is adequate and suitable fire-fighting equipment available?  | Yes |[x]  No |[ ]
| Are adequate and suitable first-aid facilities available?  | Yes |[x]  No |[ ]
| Are all risks adequately controlled?  | Yes |[x]  No |[ ]
| Less hazardous alternatives to be sought?  | Yes  |[ ]  No  |[x]  Additional or upgraded PPE required?Yes [ ]  No [x]  |
| Other controls or action required?  | Yes  |[ ]  No  |[x]   |
| **Assessed by:**  | Mike Turner | **Date:**  | 01.01.2023. |