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| --- | --- | --- | --- |
| **Substance Name:** | **Delo XLI Corrosion Inhibitor – Concentrate.** | **Manufacturer:** | Texaco. |
| Is hazard data sheet available: Yes [x]  No [ ]  | **Assessment Reference No**. | **E0252.** |
| Explosive |  |[ ]  Corrosive |  |[x]
| Health Hazard |  |[x]  Oxidizing |  |[ ]
| Serious Health Hazard |  |[x]  Toxicity 1-3 |  |[ ]
| Flammable |  |[ ]  Acute Toxicity 4 |  |[ ]
| Carcinogenic |  |[ ]  Harmful to Aquatic Environment |  |[ ]
| Gas Under Pressure |  |[ ]  Hazardous to the Ozone Layer |  |[ ]
| Dust/Fume |  |[ ]  Irritant |  |[x]

|  |  |
| --- | --- |
| **Description of current or proposed use:** | **Current controls:** |
| Used as corrosion inhibiter for Jenbacher engines which aren’t running for long periods. Mix 5-10% of this corrosion inhibiter with the existing coolant of the engine.  | Used in well-ventilated area Good hygiene procedures followed.PPE used.Stored dry, cool, well ventilated place. |
| **Estimated duration of operator exposure.** | Less than 15 minutes |
| **Estimated quantity used.** | Approx 20-30 litre. |
| **Potential exposure routes.** | **Current PPE specified.** |
| Skin contact |[x]  Skin Absorption |[ ]  Eye/Face |[x]   |
| Inhalation |[x]  Eye |[x]  Respiratory |[ ]   |
| Ingestion |[x]   |[ ]  Body |[x]   |
| Sharps and Puncture |[ ]   |[ ]  Hand |[x]   |
| Contaminated Clothing |[ ]   |[ ]  Other |[ ]   |
| 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 |