

# COSHH Risk Assessment No: 040

## Product Name: Pyrethrum Dust Pro



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| Registration number – HSE 10717                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | Appearance – White powder                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |
| Describe the activity or work process.<br>(Inc. how long/ how often this is carried out and quantity substance used)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | PROFESSIONAL USE ONLY<br>Broad spectrum dust product, ideal for use both internally and externally when controlling insect infestation. Can be applied using a hand held or motorised duster. The formulation provides superior control of flying and crawling insects whilst minimising environmental hazard impact. An ideal product for treating wasp nests externally. |                                                                                     |
| Location of process being carried out?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          | In and around domestic properties, public hygiene.                                                                                                                                                                                                                                                                                                                         |                                                                                     |
| Identify the persons at risk:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | Employees <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                              | Sub-contractors <input type="checkbox"/> Public <input checked="" type="checkbox"/> |
| Name the substance involved including active ingredient, in the process and its manufacturer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | Pyrethrum Dust Pro (Deadline)<br>Active Ingredients – Chrysanthemum cinerariaefolium, extract 0.11%<br>Butylated Hydroxytoluene 0.01 – 0.1%<br>Piperonyl Butoxide (PBO) 0.495%                                                                                                                                                                                             |                                                                                     |
| <b>Classification (state the category of danger)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Very Toxic – if swallowed       |                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Irritant - dermatitis causing                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Toxic – if swallowed or inhaled |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Sensitising                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Corrosive                       |                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Biological                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Harmful - if swallowed          |                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Oxidising                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Extremely Flammable             |                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Highly Flammable                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Flammable                       |                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Environmental                                   |
| <b>Hazard Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <input type="checkbox"/> Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Vapour                          | <input type="checkbox"/> Mist                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Fume                                                       |
| <input checked="" type="checkbox"/> Dust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Liquid                          | <input type="checkbox"/> Solid                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Other (State)                                              |
| <b>Route of Exposure</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <input checked="" type="checkbox"/> Inhalation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Skin                 | <input checked="" type="checkbox"/> Eyes                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Ingestion                                       |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (State)                                                  |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <b>Workplace Exposure Limits (WELs) please indicate n/a where not applicable</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| WEL 8 hr (for carriers China clay and Silicon Dioxide) 6 mg/m <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Short-term exposure level (15 mins): n/a                                                                                                                                                                                                                                                                                                                                   |                                                                                     |
| <b>State the Risks to Health from Identified Hazards</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <b>EC Classification:</b><br>H411 - Toxic to aquatic life with long lasting effects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <b>Control Measures:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |
| <p>Always consider non-toxic options before application</p> <p>Always read label / MSDS before use and comply with details. (EUH401)</p> <p>To be used by trained operative (professional) only</p> <p>Keep in original, labelled container.</p> <p>Remain in control of substance at all times. Storage to be restricted to certified store, out of storage use to be confined to regulated vehicle.</p> <p>Where risk of interception by 3<sup>rd</sup> party warning labels to be used to denote use and risk</p> <p>Records to be kept on usage and location in pest control master file.</p> <p>Operator to wear suitable PPE when handling and applying as detailed below. Records of PPE maintenance to be held centrally.</p> <p>Waste product to be retained and disposed of by Pest Control operator as per EA guidelines.</p> |                                                          |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |

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| <b>Safety Phrases:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                                                                                   |                                                                               |
| P273 - Avoid release to the environment.<br>P391 - Collect spillage.<br>P501 - Dispose of contents and container to an approved waste disposal plant.<br>P101 - If medical advice is needed, have product container or label at hand.<br>P102 - Keep out of reach of children.<br>P260 - Do not breathe dust.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                   |                                                                               |
| Is health surveillance or monitoring required? <div style="float: right;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Personal Protective Equipment (state type and standard)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                                                                                                   |                                                                               |
|  <input type="checkbox"/><br>Dust mask                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |  <input type="checkbox"/><br>Visor               |                                                                               |
|  <input checked="" type="checkbox"/><br>Respirator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Half mask with Filter A2P3 to EN149FFP1 or EN140P3. Or Powered respirator such as Sunsdrom S500 |  <input checked="" type="checkbox"/><br>Goggles  | Goggles to EN166                                                              |
|  <input checked="" type="checkbox"/><br>Gloves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nitrile gauntlets to thickness of 0.4mm EN374                                                   |  <input checked="" type="checkbox"/><br>Overalls | Disposable tyvex or standard coverall depending on level of possible exposure |
|  <input checked="" type="checkbox"/><br>Footwear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Steel toe cap boots to be worn as per company dress code.                                       |  <input type="checkbox"/><br>Other               |                                                                               |
| <b>First Aid Measures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Inhalation:</b> Remove person to fresh air and keep comfortable for breathing. Remove person to fresh air and keep comfortable for breathing. Allow affected person to breathe fresh air. Allow the victim to rest<br><br><b>Skin:</b> Remove affected clothing and wash all exposed skin area with mild soap and water, followed by warm water rinse. Wash skin with plenty of water<br><br><b>Eyes:</b> Rinse immediately with plenty of water. Obtain medical attention if pain, blinking or redness persists. Rinse eyes with water as a precaution.<br><br><b>Ingestion:</b> Rinse mouth. Do NOT induce vomiting. Obtain emergency medical attention. Call a poison centre or a doctor if you feel unwell |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Storage / Spillage</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Storage:</b> Keep in original labelled container, out of reach of children and non-target species. Protect from elements. Keep container tightly closed in a dry cool and well-ventilated place.<br><br><b>Spillage –</b> Clean spillages immediately. Avoid entry to watercourses. Collect powder using special dust vacuum cleaner with particle filter or carefully sweep into suitable waste disposal containers and seal securely. Avoid generation and spreading of dust.                                                                                                                                                                                                                                |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Disposal of Substances &amp; Contaminated Containers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Hazardous Waste</b> <input checked="" type="checkbox"/> Skip <input type="checkbox"/> Return to Depot <input type="checkbox"/> Return to Supplier <input checked="" type="checkbox"/> Other <input type="checkbox"/><br>(If Other Please State): .....                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                                                                                                   |                                                                               |
| Unlikely to cause harmful effects to operator or members of the public under normal conditions. Product used in small quantities and in low concentration. Used in accordance to label and operator training this product presents a low risk to health                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                                                                                                   |                                                                               |
| <b>Risk Rating Following Control Measures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                                   |                                                                               |
| High <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medium <input type="checkbox"/>                                                                 | Low <input checked="" type="checkbox"/>                                                                                           |                                                                               |
| Assessed by: Brian Duffin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 | Date: 18/12/2025                                                                                                                  | Review Date: January 2027                                                     |