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|----------------------------|--|--|--|---|
| Assessment No.             | 001  |  |  |   |
| Substance Assessed         | Pavegrid®  |  |  |   |
| Process                    | Reinforcing medium in carriageway bituminous macadam/<br>asphalt surfacing.  |  |  |   |
| Supplier / Manufacturer    | Road Solutions Ltd / Giridhar Techfab Private Ltd.   |  |  |   |
| Workplace Exposure Limit   | Long Term Exposure Limit   |  | Short Term Exposure Limit  |   |
| Substance                  | PPM  | mg/m <sup>3</sup>  | PPM  | mg/m <sup>3</sup>   |
| No. Hazardous Ingredients  | N/A  | N/A  | N/A  | N/A   |
| Total Inhalable Dust       |  | 5  |  |   |
| Respirable Dust            |  |  |  |   |
| Location of Use            | Externally   |  |  |   |
| Duration of Exposure       | 2 Hrs Daily  |  |  |   |
| Is the Substance           | <del>Gas</del>   | <del>Dust</del>  | <del>Liquid</del>  | Solid   |
|                            | Other (state)  |  |  |   |
| Route of Entry to the Body | Inhalation ✓   | Ingestion ✓  | Absorption   | Injection   |
| Substance Classification   | <br> | <br> | <br> ✓   |    |
| PPE Requirements           | <br> | <br> |  ✓<br> ✓ |  ✓ |

|                  |   |   |
|------------------|---|---|
| Health Risks     | Eye Contact   | Wash with clean water immediately for 15 mins and seek medical advice   |
|                  | Skin Contact  | Wash the affected area immediately with cold running water. If irritation, pain or other trouble occurs seek medical advice |
|                  | Ingestion   | Drink plenty of water   |
|                  | Inhalation  | Move exposed person to fresh air immediately  |
| Fire Precautions | CO2 extinguishers are suitable as are powder and water                            |   |
| Spillages        | Contain spill and clean up with inert absorbent                                   |   |
| Handling         | Handle with care. Manual handling issues  |   |
| Waste Disposal   | Dispose of at licensed landfill site  |   |
| Signed           |  |   |
| Date             | November 2023   |   |
| Date for Review  | November 2024   |   |

I am aware of the nature of the products/process as detailed in COSHH Assessment No1 and confirm that both the Control Methods and any specific Instruction/Training issued has been fully explained to me and understood. I confirm receipt of the PPE detailed in the assessment, understand the need for their use and will comply with their instructions for use and my obligations under the above mentioned COSHH Regulations.

| Signature | Print | Date |
|-----------|-------|------|
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