

# TOTALS

APPENDIX 2

**SPECIAL PROJECT (NATIONAL) 1992/93(23)**  
**TO EXAMINE FACILITIES AND EQUIPMENT USED FOR SHEEP DIPPING**

NIG/09(Ag)/1991/2

PLEASE COMPLETE THIS SECTION IN BLOCK CAPITALS

NIG 09/AG USE	
CHECKED INPUT	

OFFICE  REGION

INSP NAME  DATE OF VISIT

WAS DIPPING OBSERVED AT THE VISIT YES  NO

**1. USER DETAILS**

a) Farm  b) Dipping Contractor

IF A FARM, IS SHEEP THE MAIN ENTERPRISE YES  NO

**2. NUMBER OF SHEEP DIPPED**

1) Farm - Total number of sheep dipped per year

2) - number of dips per year  $\begin{matrix} 1 = 202 \\ 2 = 432 \\ 3 = 29 \\ 3+ = 7 \end{matrix}$

3) Dipping contractor - number of sheep dipped per year

**3. DIPPING FACILITIES (please tick)**

	Long Swim	<input type="text" value="173"/>
1) Type of Bath -	Static <input type="text" value="604"/>	Short Swim <input type="text" value="334"/>
	Mobile <input type="text" value="56"/>	Tub Bath <input type="text" value="102"/>
	Swim Around	<input type="text" value="82"/>
	Other	<input type="text" value="9"/>

2) Location of Bath -	Outside	<input type="text" value="592"/>
	Within building/trailer (enclosed)	<input type="text" value="61"/>
	Covered (open sides)	<input type="text" value="40"/>

3) Drainage Area -	Adjacent to Dip	<input type="text" value="628"/>
	Screened from Dip	<input type="text" value="89"/>
	Other	<input type="text" value="15"/>

4) Entry into Bath -	Manual	<input type="text" value="463"/>
	Slide Entry	<input type="text" value="223"/>
	Tipping Platform	<input type="text" value="12"/>
	Mechanical eg in cages	<input type="text" value="5"/>
	Other	<input type="text" value="3"/>

3. **DIPPING FACILITIES (please tick) Continued**

5) Control of Immersion -	Using foot or hand			48	
	Dipping stick - wooden handle			460	
	Dipping stick - metal handle			183	
	Gates			86	
	Other			14	

6) Are sheep handled immediately after dipping - Yes	31	No	655	6
Within 48 hours of dipping - Yes	50	No	614	6
7) Are engineering controls incorporated in facility or used -	501	No	195	6

*If yes are they:*

Splash boards alongside dip	289
Screens at exit of dip	149
Remote operation of gates etc	175
Mechanically assisted plunging	14
Chemical transfer system	151

*\*please specify manual jug/pump etc, metered system, powered/automatic*

212

35

47

8) Are other application methods used -	- Spray	83
	Jetting	8
	Shower	7
	Other	35

4. **VENTILATION**

1) **Indoor or Covered Facilities**

Is ventilation at the bath -	Natural	99
	Dilution	1
	Extraction	1

Is ventilation likely to be adequate	Yes	90	No	11
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2) Outdoor Dips Only

Is it likely that any adjacent structure, barrier etc will adversely affect the dispersal of vapour from the dip or dipped sheep

Yes  No

Brief Details

Continue on separate sheet if necessary

*AM dips*

3) Could vapour from drainage area contaminate persons during dipping

Yes  No

At each dipping session

Yes  No

Only when wind in certain direction

Yes  No

Is it practicable to reduce contamination from drainage area

Yes  No

By relocating

Erecting Screens

(Please describe below)

Other

Continue on separate sheet if necessary

5. REMOVAL AND DISPOSAL OF DIP

1) Is dip removed from bath immediately after use each day

Yes  No

2) If no how long is dip retained in bath

3) Is dip bath covered

Yes  No

4) Is the cover child resistant

Yes  No

5) Is removal of dip from bath - Manual (bucket etc)

Manual pump

Mechanical (suction/vacuum tanker etc)

Drain

Other



**6. EXPOSURE**

Indicate the number of people who may be exposed to dips or come into contact with dipped sheep within 48 hours of dipping

Self-employed (inc employers)	1056
Employees	560
Others (eg non-employed, family etc) contractors	180
<b>TOTAL</b>	<b>1796</b>

**7. SHEEP DIP PRODUCTS USED**

How many different products are used per year (including additives eg disinfectants, bloom dips) Number

Give full trade names (eg Young Scab Approved Jason Winter Dip)

Continue on separate sheet if necessary

**8. PERSONAL PROTECTIVE EQUIPMENT**

A separate sheet should be completed for each activity

*forms completed*

Activity -	Immersing	622
	Dip preparation	562
	Dip disposal	394
	Handling or contact with dipped sheep	177
	Total number of persons involved	<input type="text"/>

1) What protective clothing was available. State material (eg Nitrite, PVC, etc) or type (eg face shield, goggles etc) where appropriate

	YES	NO	MATERIAL/TYPE
a) Gloves	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Face protection	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Water resistant clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Disposable coveralls	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Other coveralls	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Approved RPE	<input type="text"/>	<input type="text"/>	<input type="text"/>

g) Non-approved RPE

h) Other

2) Which items were in good condition (eg g, b)    SPECIFY HOW

3) Is PPE cleaned after use  YES  NO  SOME  SPECIFY HOW

4) Is PPE stored separately Yes  No

Is it likely to be contaminated Yes  No

**9. HYGIENE/FIRST AID**

1) Is personal washing water provided by: Container  82 Open Tank  39

Clean running water  578 None  11

2) Frequency of washing (answer - always, occasionally, never)

After splashing with dip  361  205  49

Before meal breaks  601  13  2

Smoking  84  36  2

End of dipping  649  27  1

3) Is there a separate eye wash Yes  91 No  605

**10. BIOLOGICAL EFFECT MONITORING (BEM)**

Is BEM routinely carried out Yes  10 No  686

If yes complete the following

Method	Pre-Season	Frequency (days)
Blood Sampling	<input type="checkbox"/>	<input type="checkbox"/>
Urine Sampling	<input type="checkbox"/>	<input type="checkbox"/>

**11. ILL HEALTH (Suspected caused by sheep dips)**

	Number	Most recent dates (ddmmyy)		
Incidents admitted on visit	<input type="checkbox"/> 160	BETWEEN	<input type="checkbox"/> 1982 AND	<input type="checkbox"/> DATE.
Incidents recorded in accident Book	<input type="checkbox"/> 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previously reported to HSE	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previously reported to MAFF/VMD	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*please highlight those incidents investigated by HSE, MAFF/VMD*



Is there significant use of other substances which might contribute to symptoms reported

Yes  No

If YES are they other Vet Products  Pesticides

**12. GUIDANCE**

1) Is the user aware of guidance leaflets from HSE <sup>Yes</sup> or MAFF <sup>Yes</sup>

2) Has the user a copy of HSE  or MAFF  guidance

3) Does the user consider the guidance helpful Yes  No

**13. COSHH**

1) Has a suitable and sufficient COSHH Assessment been carried out Yes  No

2) Have adequate control measures been provided so far as reasonably practicable Yes  No

3) Is health surveillance of exposed persons being carried out Yes  No

**14. ENFORCEMENT ACTION**

What action have you taken or propose to take

Advice

Improvement Notice

Prohibition Notice

Prosecution

Brief details of any enforcement action (notice or prosecution)

Continue on separate sheet if necessary

**15. ANY FURTHER COMMENTS**

Complete only if necessary to clarify answers already given

Continue on separate sheet if necessary

Please return completed forms at the end of each month in one batch from each group to E L Friend, Livestock & Stationary Machinery NIG, Health & Safety Executive, National Agricultural Centre, Stoneleigh CV8 2LZ