**Work activity assessed Faculty/School/Department reference \_\_\_\_\_\_\_**

Date:\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Person(s) affected** Staff **⁭** Students **⁭** Others **⁭****Numbers affected \_\_\_\_\_\_\_\_\_** **Activity frequency** Daily ⁭ Weekly **⁭** Other **⁭** |
| **Campus** (please tick) **J ⁭ C ⁭ M ⁭ B** ⁭ |
| **Room ref** (if relevant) |
| **Review due** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **L****I****K****E****L****I****H****O****O****D** | **frequently** | **MEDIUM** | **HIGH** | **HIGH** |
| **sometimes** | **LOW** | **MEDIUM** | **HIGH** |
| **rarely** | **LOW** | **LOW** | **MEDIUM** |
|  | **SEVERITY ** | **trivial** | **significant** | **severe** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Individual Tasks** | **Hazards** | **Controls required** | **In place****Yes √****No ×** | **Risk****rating**(use matrix) | **IMPLEMENTING THE CONTROLS** |
| **Action by whom**? | **Action by when?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| This risk assessment will be reviewed at least annually where any significant changes are made, new equipment introduced or if there is any reason to suspect it is no longer valid. |

**Assessor’s Comments**

**Faculty/School/Department/Research Institute** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of assessor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Designation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Management Comments**

**Manager/supervisor**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Designation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risk assessment communicated to: Technicians □ Academic/supervisor □ Students □ PRD □ Others** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_