|  |  |
| --- | --- |
| **Reference Number** |  |
| **Title of Activity** |  |
| **Location** |  |
| **Description of activity in risk assessment** |
|  |

**Hazard Identification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard and process** | **Present Risk****Evaluation**L/M/H | **Control Measures**(i.e., alternative work methods / mechanical aids / engineering controls, etc.) | **Risk****Evaluation after control**L/M/H |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Insert additional rows as required*

**Engineering Controls** *(physical controls to separate users from the hazard)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Guards |  | Extraction (exhaust ventilation) |  | Interlocks |  | Enclosure |  |
| Other relevant information (incl. testing frequency if appropriate) |
|  |

**Personal Protective Equipment (PPE)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eye / Face |  | Hand /Arm |  | Feet / Legs |  | Respiratory |  |
| Body (clothing) |  | Hearing |  | Other (Specify) |
| Specify the grade(s) of PPE to be worn |  |
| Specify at what points items of PPE must be worn |  |
| How is PPE to be stored and maintained to keep it in good working order? |  |

Non-disposable items of PPE must be inspected regularly and records retained for inspection

**Persons at Risk**: *Identify all those who may be at risk*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Academic staff |  | Technical staff |  | Postgrad students |  | Undergrad students |  |
| Maintenance staff |  | Office staff |  | Cleaning staff |  | Emergency personnel |  |
| Contractors |  | Visitors |  | Others (specify) |

**Additional Information:** Identify any additional information relevant to the activity, including supervision, training requirements, special emergency procedures, requirement for health surveillance etc.

|  |
| --- |
|  |

**Assessment carried out by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  |

**Principle Investigator/Supervisor:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  |

**Approved by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  |

**Risk assessment due for review on:**