UNIVERSITY OF CAMBRIDGE

Risk Assessment No

DEPARTMENT OF ENGINEERING

RISK ASSESSMENT FORM - This is an active document and must be maintained.

Health, Safety and Environment Office
Risk Assessment Form 2007

Part 1. Personal data and details of project/experiment/work activity

Surname:	Supervisor:
Forename(s):	Location/Laboratory where activity will take place:
Tel Ext and e-mail address:	
Status: (*Staff/Student/Academic/Technician/Clerical/Portering)*	
Starting date	
Proposed finishing date:	
Title of project/experiment/work activity	
Brief description of project/experiment/work activity	

DEFINITIONS

Hazard: The potential for harm.
Risk: The probability (or likelihood) of harm actually occurring and the severity of its consequences.
Risk Assessment: The process of deciding on actions to be taken to reduce risk to an acceptable level by implementing control measures

PART 2. Nature of Possible Hazards

Chemicals/Substances –
Are chemicals/substances hazardous to health to be used? Yes/No
If YES you must complete a COSHH form available from the H.S.E. office and attach it to this assessment.
Please list chemicals/gases/substances to be used.

Biological Substances – Are biological substances to be used? Yes/No
If YES assessments must be submitted to the Departmental Biological Officer for signature

Signature of Departmental Biological Officer: Date:

Radiation – Are radiation sources to be used? Yes/No
If YES assessments must be submitted to the Departmental Radiation Officer Dr G Parks for signature (gtp@eng.cam.ac.uk)

Signature of Departmental Radiation Officer: Date:

Laser – Are lasers to be used? Yes/No
If YES assessments must be submitted to the Departmental Laser Officer Dr T Wilkinson for signature (tdw@eng.cam.ac.uk)

Has eye-test been undertaken? YES/NO

Signature of Departmental Laser Officer: Date:

Electrical – Is electrical equipment to be used? **Yes/**No

Robotic – Is robotic equipment to be used? Yes/No

Mechanical – Are you using mechanical, pneumatic, pressure vessels, hydraulics, motor drives, lifting gear etc? **Yes/**No

Other hazards – Are there any other hazards which pose unusual risks, such as long periods at a computer, working at height, manual handling etc? Yes/No

Please state nature of the hazard:

PART 3. Control Measures

Where you have answered 'yes' in Part 2 please provide a written 'Safe System of Work' or the control measures to be put into place for these activities.

How to analysis risk

Hazards identified:	List all potential hazards, e.g. those that may arise from substances, electricity, equipment or machines and the ways in which people use or misuse those items etc.
Identify persons at risk:	The risk may be different for the person performing the experiment from someone who knows nothing about it (eg cleaners, technicians, maintenance staff, visitors).
Control measures:	These are things you will be putting in place to reduce risks to their lowest level
Likelihood:	This should be assessed on a scale of 1 - 3 as follows: **1 = Unlikely** If control measures do not break down. **2 = Likely** If the control measures depend on an individual using them or adjusting them. **3 = Certain/imminent** Exposure to the hazard is continuous
Severity:	Assessed on a scale of 1 - 3 as follows: **1 = Minor injury / lost time/illness 2 = Serious injury / disablement 3 = Death / fire / explosion**
Calculation of risk:	**Likelihood x Severity = Risk rating**
Risk rating:	**Please specify the risk rating by completing the above calculation and indicating below:** **1 to 3 = Low Risk 4 to 6 = Moderate Risk 7 to 9 = High Risk**

PART 4. General Safety Information

Personal Protection	**Lab Coat** **Coveralls** **Gloves** **Yes/No** **Face Mask** **Yes/No** **Ear Defenders** **Yes/No** **Eye Protection** **Yes/No** **Foot Protection** **Yes/No** **(delete where appropriate)**	**Coveralls + Hood** **Type** **Type** **Type**
Special Monitoring (Hearing test, Eye test, Dust exposure etc).	Is special monitoring required? Yes/No Details:	
Waste Disposal Substances hazardous to health Information from MSDS as to disposal requirements	Is Hazardous waste likely? Yes/No Waste Disposal Procedures:	
First Aid (Special antidote requirements for using HF, cyanide, etc).	First aid procedures in event of accident	
Action required in the event of Equipment Failure (Any special notification needed).		
Out of Hours Emergency Shut Down Procedure (Any special procedural document must be kept near to experimental rig).		
Sources of information (manuals, etc)		

Signature of Assessor …….…… date ……..

Signature of Supervisor …….. date ……..

Signature of Local Officer …….. date ……..
Responsible for Safety

Signature of Health Safety
and Environmental Co-ordinator …….. date ……

SIGNATURES ARE TO INDICATE WHO CARRIED OUT, AND/OR WHO APPROVED THE ASSESSMENT ON BEHALF OF THE DEPARTMENT. SIGNING THIS FORM CANNOT TRANSFER RESPONSIBILITY FROM THE UNIVERSITY TO SIGNATORY. HOWEVER REASONABLE CARE MUST BE USED BY ALL INVOLVED IN COMPLETING THIS ASSESSMENT.