



Risk Assessment Documentation

Subject Area of Assessment

(Job Title/Process/Location or Other Subject Area)

Department

Section

Completion Sheet

Ref.	Risk Rating (BS 8800)	Actions to be Taken	Responsible Person	Target Date

Departmental Manager -

Signed:

(Dean of School or Head of Professional Support Department)

Title:

Date:

Date of next Assessment:

Part 1. List of Subjects

Subject Ref. No	List of Subjects (Activity, Process, Location etc.)

Part 2. Record of Risk Assessment

Subject Ref. No	Hazard Ref. No	Hazard Description <small>(i.e. potential causes of injury/damage)</small>	Potential Injury/Damge	Person at Risk <small>(Include numbers if more than 4)</small>	Current Preventative and Protective Measures <small>(More detail on training and PPE in Part 4)</small>	Severity	Likelihood	Risk Rating <small>(BS 8800)</small>	Further Action Required	
Signed: <small>(Risk Assessor)</small>				Title:			Date:			

Part 3. Control Measures – Training

Ref.	Training Subject	Conducted by	Brief Details of Training (State where further information can be found, e.g. training programmes where appropriate)	Training Record (State where records of training are located)	Is Training Evaluated? YES/NO (Provide details)	Further Action Required

Part 4. Control Measures – Personal Protective Equipment

Ref.	Name of Equipment	Description (Include reference to standards where appropriate)	Are Details of Issues Recorded? YES/NO (Provide information)	Has a Specific Assessment Been Carried Out? YES/NO (Provide Details)	Further Action Required