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|  **General Health and Safety Risk Assessment Form** |

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| **Title of Risk Assessment and unique ref./serial No. if available** |  | **Give a brief overall description of the task to be risk assessed** |  |
| **School/Department:** |  | **Location of work:** |  |
| **Date of assessment:** |  | **Date assessment is to be reviewed:** |  |
| **Name & title/role of person conducting the assessment** |  | **Signature (e.g., Risk Assessor, Principal Investigator, Lecturer, Head of Department, H&S Co-ordinator)** |  |

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| **Hazard description** | **Potential injury or damage** | **Persons at risk** | **Current measures in place for prevention or protection\*** | **Further action needed to reduce risk? If yes, state action required** | **Action required by whom and when** | **Date Completed** |
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**\* Please reference any names and/or reference numbers of any supporting or relevant existing risk assessments, e.g., COSHH[[1]](#footnote-1), Manual Handling, DSEAR [[2]](#footnote-2), Noise, etc. If possible, insert e-links to these, or attach them to this form.**

1. *For Control of Substances Hazardous to Health Guidance, refer to the* [*GCU COSHH Webpages*](https://www.gcu.ac.uk/healthandsafety/proceduresandarrangements/hazardoussubstancesandbiologicalagents/hazardoussubstances/) [↑](#footnote-ref-1)
2. Dangerous Substances and Explosive Atmospheres Regulations [↑](#footnote-ref-2)