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

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| **Risk Assessments should be reviewed every year, or earlier if they may no longer be valid (e.g., following an accident, case of occupational ill health, or any health and safety related incident in the workplace) or if there are any significant changes to conditions such as, new work equipment, personnel or work activities. Click on the Guidance links in each section for further information on how to complete the form.** |

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| **Part 1: Administrative Details** [**GUIDANCE: PART 1**](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=65473&cid=299425&elem=media&lang=en) | | | | |
| **Title of Risk Assessment and unique ref./serial No. if available** | | **School/Department:** | | |
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| **Name & title/role of person conducting the assessment** |  | **Date of assessment:** | |  |
| **Signature (e.g., Risk Assessor, Principal Investigator, Lecturer, Head of Department, H&S Co-ordinator)** |  | **Date assessment is to be reviewed:** | |  |
| **Describe who is at risk (name of research group, and/or Class, and/or individuals that could be affected).** | | | | |
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| **Location of work (room number) or location on Campus:**  **If for fieldwork, the precise location, e.g., street address & postcode or map references.** | | |  | |

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| **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.** |  |

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| **Part 2: Title of Activity and Steps Involved** [**GUIDANCE: PART 2**](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=65473&cid=299426&elem=media&lang=en) | | |
| **Give a brief overall description of the task to be risk assessed** | |  |
| **If the task involves more than one step, give a list of and describe each distinct individual activity, step or hazard in the process to be risk assessed, allocating a reference number to each. Use this number in the other parts of this document. Alternatively, if you have a good standard operating procedure, then please attach to the risk assessment rather than listing the steps below.** | | |
| **Ref. No.** | **List of individual steps in the process** | |
| **1** |  | |
| **2** |  | |
| **3** |  | |
| **Add additional rows above if required** | | |

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| **Part 3: Record of Risk Assessment** [**GUIDANCE: PART 3**](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=65473&cid=299427&elem=media&lang=en) | | | | | | | | | | |
| **At “persons at risk” you can indicate either the names of individuals or groups of people that may be at risk, e.g., staff, students, visitors, staff from different departments or persons with particular needs such as young persons.**  **To complete the risk rating columns, use the Risk Matrix in** **[Appendix 1.](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=null&cid=299424&elem=media&lang=en)**  **If you identify any Physical/Engineering, Training and Administrative or Personal Protective Equipment safety controls, please provide further information regarding these within Parts 4, 5 & 6 as appropriate*.*** | | | | | | | | | | |
| **Ref. No.** | **Hazard description** | **Potential injury or damage** | **Persons at risk** | **Current measures in place for prevention or protection** | **Severity** | **Likelihood** | **Risk**  **Rating** | **Further action needed to reduce risk? If yes, state action required** | **Action required by whom and when** | **Date Completed** |
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| **Part 4: Control measures – Physical/Engineering Safety Controls (e.g., fume cupboards, interlocks, guards, etc.)** [**GUIDANCE: PART 4**](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=65473&cid=299428&elem=media&lang=en) | | | | | | | |
| **Ref. No.** | **Type of physical/engineering controls (e.g., Local exhaust ventilation (e.g., fume cupboards) guarding, interlocks, etc.)** | **Description (include specification and reference to standards where appropriate)** | **Brief details of any inspection, testing and maintenance schedule** | **Brief details of training where relevant** | **State any actions that are required to ensure that engineering controls are effective** | **Action required by whom and when** | **Date Completed** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |

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| **Part 5: Control measures – Training and Administrative Safety Controls** [**GUIDANCE: PART 5**](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=65473&cid=299429&elem=media&lang=en) | | | | | | |
| **Ref. No.** | **Training Subject/Course name** | **Brief details of training required** | **Training Conducted by:** | **Location of training records** | **Action required by whom and when** | **Date Completed** |
| **1** |  |  |  |  |  |  |
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| **Part 6: Control measures – Personal Protective Equipment** [**GUIDANCE: PART 6**](http://cmsapp.gcal.ac.uk:7777/terminalfour/SiteManager?ctfn=download&fnno=20&sid=65473&cid=299430&elem=media&lang=en) | | | | | | |
| **Ref. No.** | **Name of Equipment** | **Description (include specification and reference to standards where appropriate)** | **Is equipment issue recorded? If yes, where?** | **Further action needed? If yes, state action required** | **Action required by whom and when** | **Date Completed** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
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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)