



General Risk Assessment

Form RA1

(Refer to Notes for Guidance before completing this form)

School Assessment	
No:	
Title of Activity:	
Location(s) of Work:	
Brief Description of W	ork:

Hazard Identification: Identify all the hazards; evaluate the risks (low / medium / high); describe all existing control measures and identify any further measures required. Specific hazards should be assessed on a separate risk assessment form and cross-referenced with this document. Specific assessments are available for hazardous substances, biological agents, display screen equipment, manual handling operations and fieldwork. See https://www.ed.ac.uk/health-safety/online-resources/risk-assessments for details.

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

^{*}Continue on separate sheet if necessary

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Produced by the Health and Safety Department, the University of Edinburgh

Engineering Controls: Tick relevant boxes Guarding Extraction (LEV) Interlocks Enclosure

Guarding		Extraction (LEV)		Interlocks	Enclosure	
Other relevant informat	ion (i	incl. testing frequency if app	propr	iate):		I

Personal Protective Equipment (PPE): Identify all necessary PPE.

Eye / Face	Hand /Arm		Feet / Legs		Respiratory	
Body (clothing)	Hearing		Other (Specify)			
Specify the grade(s) of PPE to be worn:						
Specify when during the activity the item(s) of PPE must be worn:						

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	P'Grad students	U'Grad students
Maintenance staff	Office staff	Cleaning staff	Emergency personnel
Contractors	Visitors	Others	

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

Name:	Date:	
Signature:	Review Date:	

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