



# General Risk Assessment

## Form RA1

(Refer to Notes for Guidance before completing this form)

<b>School Assessment No:</b>	
<b>Title of Activity:</b>	
<b>Location(s) of Work:</b>	
<b>Brief Description of Work:</b>	

**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 <http://www.ed.ac.uk/schools-departments/health-safety/risk-assessments-checklists/risk-assessments> for details.

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

*\*Continue on separate sheet if necessary*

**Engineering Controls:** *Tick relevant boxes*

Guarding		Extraction (LEV)		Interlocks		Enclosure	
Other relevant information (incl. testing frequency if appropriate):							

**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:	