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| **Document type** | **Procedure** |
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| **Applicability date** | 26/06/2019 |
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| **Approver** | Head of EHSS |
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| **School / unit** | Environmental, Health and Safety Services |
| **Document status** | In draft |
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| **Equality impact assessment** | [Equality impact assessment] |
| **Key terms** | Risk assessment form template |
| **Purpose** | Risk assessment form template |

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| **Version number** | **Purpose / changes** | **Document status** | **Author of changes, role and school / unit** | **Date**  |
| V1.0 | Revision | Draft | Paul Szawlowski | 26/06/2019 |

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**Risk Assessment reference number:**

**(School/Unit followed by your own number)**

**Risk Assessment Form For: [School/Unit]**

**See Moodle site for guidance on the completion of this form:** [**https://moody.st-andrews.ac.uk/moodle/course/view.php?id=3582#section-3**](https://moody.st-andrews.ac.uk/moodle/course/view.php?id=3582#section-3)

**Details of the activity to be assessed (e.g. a brief description of the work to be undertaken and how it will be achieved – where, when, how)**

**People who are at risk of injury (e.g. workers, students, members of the public, pregnant women, lone workers, children)**

**Assess and reduce the risks. A risk matrix (see the Moodle site, above) may be used to estimate the severity and probability of risk if you wish.**

 **PRE-ASSESSMENT SCORE POST ASSESSMENT SCORE**

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| **Hazards associated with the activity (e.g. heat, ice, violence, fall from height, harmful chemicals, noise, cuts, burns)** | **Severity of risk (High, Medium or Low)** | **Probability of risk occurring (High, Medium or Low)** | **Control Measures to be implemented to minimise risks** | **Severity of risk (High, Medium or Low)** | **Probability of risk occurring (High, Medium or Low)** |
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**Signatures of Principal Investigator / Manager and all relevant staff members:**

**Post ..............................Name .............................. Signature ........................................... Date .....................**

**Post ..............................Name .............................. Signature ........................................... Date .....................**

**Proposed review date for this risk assessment: ………………………………………………………………………………………………..**

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