

## Risk Assessment Form Template

Document type	Procedure
Scope (applies to)	Staff and students
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Approved date	09/06/2021
Approver	Head of EHSS
Document owner	Deputy Director
School / unit	Environmental Health and Safety Services
Document status	Published
Information classification	Public
Equality impact assessment	None
Key terms	Health and safety/Hazard identification and risk
	assessment
Purpose	Risk assessment form template

Version number	Purpose / changes	Document status	Author of changes, role and school / unit	Date
V1.0	Revision	Approved	Paul	26/06/2019
			Szawlowski	
v1.1	Review	Draft	Paul	08/06/2021
			Szawlowski	



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#se	ction-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)

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

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)

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)

Signatures of Prir	tures of Principal Investigator / Manager and all relevant staff members:				
Post	Name	Signature	Date		
Post	Name	Signature	Date		
Proposed review	date for this risk assess	ment:			

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