**Edinburgh Napier University**

Reference No.

**RISK ASSESSMENT FORM**

|  |  |  |
| --- | --- | --- |
| **SCHOOL/SERVICE:**  | **LOCATION:** | **DATE:** |

|  |
| --- |
| **Description of event/activity: *(Please include as much detail as possible)*** |

| NO | HAZARDS IDENTIFIED | PEOPLE AT RISK | EXISTING CONTROL | RISK | FURTHER ACTION/RECOMMENDATIONS | RESIDUAL RISK | ACTION BY WHOM | ACTION BY WHEN | COMPLETED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Hazards identified : *Something which has the potential to harm**(Consult help sheet*) | People at risk from hazards *: Staff, Students, Visitors, Contractors, etc.* | Existing control : *What controls are already present* |  | Further action / recommendations : *Additional controls that could be put in place to lower the risk* | Residual Risk | Action by whom : *Who is carrying this out* | Action by when : d*ate* | Completed : *Sign off when all controls in place and task ready to start* |
| **H** | **M** | **L** | **H** | **M** | **L** |
| 1 | Hazard:Hazardous Activity:  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Review Date1:**  |  | **Signature:** |  | **Job Title:** |  |
| *1 12 months following any of the following: Accident, Incident, Near-miss, Equipment failure, Change in legislation etc* |  |  |