**GENERAL RISK ASSESSMENT FORM**

**Section 1: Assessment Overview**

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| --- | --- | --- |
| **Assessment Reference Number:** | **Version Control** |  |

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| --- | --- | --- | --- |
| **Name of Assessor** | Adam Caplan |  |  |
| **Description of Area / Procedure / Task being assessed** | MPhys project work, computer-based. | | |
| **Location** | - | | |

**Section 2: Persons Affected**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who might be affected by this work?**  (delete 🗸 as applicable) | Adam Caplan | **Are any vulnerable groups affected?**  (delete 🗸 as applicable) | No | **How many people are affected?**  (delete 🗸 as applicable) | 1 |

**Section 3: Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date for Next Review of this Document** | **Date Document Reviewed** | **Reviewed by (print name)** | **Signature** |
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**Section 4: Risk Assessment**

**Risk Matrix**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard Severity Score** | | **Likelihood** | | **Probability**  **Severity** | **1** | **2** | **3** |
| **Negligible Injury or Damage** | **1** | **Unlikely** | **1** | **1** | **LOW** | **MEDIUM** | **MEDIUM** |
| **Minor Injury or Damage** | **2** | **May Happen** | **2** | **2** | **MEDIUM** | **MEDIUM** | **HIGH** |
| **Major Injury or Death** | **3** | **Almost Certain** | **3** | **3** | **MEDIUM** | **HIGH** | **HIGH** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 1 | Back pain | **1** | **2** | **MED** | * Proper use of chair, computer at proper angle | **1** | **LOW** |
| 2 | Eye strain | **1** | **2** | **MED** | * Taking regular breaks when using screen to work | **1** | **LOW** |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |

**Section 5: Assessment Sign-Off**

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| --- | --- | --- | --- |
| **Assessor’s Signature** | ***Adam Caplan*** | **Position** | **Student** |
| **Print Name** | **ADAM CAPLAN** | **Date** | **03/10/2022** |
| **Additional Comments** |  | | |

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| --- | --- | --- | --- |
| **Assessment Agreed by** |  | **Position** |  |
| **Print Name** |  | **Date and Time** |  |
| **Additional Comments** |  | | |

**Section 6: Communication of Risk Assessment**

I have read and understood the contents of this risk assessment.

|  |  |  |
| --- | --- | --- |
| **Name** | **Date** | **Signature** |
| Adam Caplan | 7/10/22 | ***Adam Caplan*** |
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