**PROJECT RISK ASSESSMENT - HAZARD CHECKLIST – 2015 / 16**

**School of Computing and Mathematics.**

**Student Name : COLLEEN MCCONNELL**

**(Capitals)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | **0** | **0** | **6** | **3** | **7** | **5** | **1** | **3** |  |

**Student Registration Number**

**Course of Study: Computer Science**

**Name of Supervisor: DR FIONA BROWNE**

**(Capitals)**

Does any of the work carried out by the project result in staff or students being exposed at any

time to hazards associated with the following? (Place an ‘X’ in the appropriate box).

If you indicate **YES** against a category please complete the relevant risk assessment record form

from the University Health and Safety site. These should be completed for each

hazard identified. All forms and guidance are available via: <http://www.ulster.ac.uk/hr/healthandsafety/>

|  |  |  |
| --- | --- | --- |
| **NATURE OF HAZARD:** | **YES** | **NO** |
| **MANUAL HANDLING (Movement of Computers etc.)** |  | **X** |
| **PORTABLE HAND TOOLS** |  | **X** |
| **LIQUIDS** |  | **X** |
| **EXPOSED ELECTRICAL CIRCUTRY** |  | **X** |
| **NON STANDARD DISPLAY SCREEN EQUIPMENT** |  | **X** |
| **UNUSUAL WORKING ENVIRONMENT**  **(in terms of temperature, lighting, noise, vibration, seating…)** |  | **X** |
| **PROJECT ACTIVITY OFF CAMPUS** |  | **X** |
| **ANY OTHER NOT LISTED ABOVE**  **Please give details below of any other identified hazards**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

**SUPERVISOR Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**