**All employers must ensure work tasks are risk assessed. The significant findings of their risk assessment must be recorded**.

**QMUL General Risk Assessment Record**

We have started this risk assessment for you by including a sample entry for a common hazard to illustrate what is expected (the sample entry is taken from an office-based environment). Look at how this might apply to your work and workplace, continue by identifying the hazards that are the real priorities in your case and complete the table to suit.

**School/Institute/Department name:** *Samuel Overington* / School of Physics and Astronomy, QMUL

| **What are the hazards?** | **Who might be harmed and how?** | **Risk**  **H/M/L** | **What are you already doing?**  **(Risk Controls)** | **Residual**  **Risk**  **H/M/L** | **Do you need to do anything else to manage this risk? (If risk is still medium or high)** | **Action by whom?** | **Action by when?,** | **Done** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Muscular strain injury from computer use. | The worker only | L | I have discussed my project work with my supervisor.  I confirm that my project work involves only desk-based work.  I am aware of College guidance on computer and monitor usage (<http://www.hsd.qmul.ac.uk/media/hsd/a-z/old-guidance/QMUL_HS_101_DSE-Policy-Arrangements-Guidance.docx>) and will carry out any computer work accordingly. | L | No. The procedures are routine. | (name of student), | 01/10/2019 | 01/10/2019 |
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Employers with five or more employees must have written risk assessments.

It is important you discuss your assessment and proposed actions with colleagues, staff and/or their representatives.

You should review your risk assessment if you think it might no longer be valid, eg following an accident in the workplace, or if there are any significant changes to the hazards in your workplace, such as new equipment or work activities.

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| Signed: (Assessor) | YOUR PROJECT SUPERVISOR | Date: | Wednesday, 16 October 2019 | |
| Subject to review, monitoring and revision by: | YOUR PROJECT SUPERVISOR | Review  Date | DATE AGREED WITH SUPERVISOR | (or sooner if work activity changes or there has been an accident) |