ARE YOU AWARE THAT NO ONE IS ALLOWED TO WORK ALONE IN THE LABORATORY? YES/NO (delete as applicable) Student Name Student ID Student Email **Programme Title Project Title Project Location** List the Significant Hazards associated with your project (continue on a separate sheet if necessary) List the other people at risk (continue on a separate sheet if necessary) Describe the working procedures to be used to minimise risk (continue on a separate sheet if necessary) Are there any other Risk Control Measures **needed?** (continue on a separate sheet if necessary) When will you and your supervisor review the risk assessment? And how will the risk be monitored on an ongoing basis? **Student Signature Supervisor Supervisor Signature** Second Marker Second Marker Signature **Date of Agreement**