

RISK ASSESSMENT AND STANDARD OPERATING PROCEDURE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. PERSON CARRYING OUT ASSESSMENT** | | | | | | | | | | | | | |
| **Name** |  | | **Position** | | |  | | | **Date** | |  | | |
| **2. DESCRIPTION OF ACTIVITY (include storage, transport and disposal if relevant)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3. LOCATION** | | | | | | | | | | | | | |
| **Campus** |  | | **Building** | | |  | | | **Room** | |  | | |
| **4. HAZARD SUMMARY** | | | | | | | | | | | | | |
| **Accessibility** | |  | | | | | **Mechanical** | | | |  | | |
| **Manual Handling** | |  | | | | | **Hazardous Substances** | | | |  | | |
| **Electrical** | |  | | | | | **Noise** | | | |  | | |
| **Working at height** | |  | | | | | **Extreme temperature** | | | |  | | |
| **Falling objects** | |  | | | | | **Pressure/steam** | | | |  | | |
| **Trip hazards** | |  | | | | | **Other** | | | |  | | |
| **Lone Working Permitted?** | | **Yes**  **No** | | | | | **Permit-to-Work required for planned maintenance?** | | | | **Yes  No  N/A** | | |
| **5. Who might be harmed and how?** | | | | | | | | | | | | | |
| **Staff / students** | |  | | | | | **Cleaners, engineers etc** | | | |  | | |
| **Support staff** | |  | | | | | **Other** | | | |  | | |
| **6. How often is the process being carried out?** | | | | | | | | | | | | | |
| Once a day  Once a week  Once a month  Every 6 months  Annually  Other – give details | | | | | | | | | | | | | |
| **7. Brief description of the procedure** | | | | | | | **Precautions (Controls) in place** | | | | | | **Is risk high, medium or low?** |
|  | | | | | | |  | | | | | |  |
|  | | | | | | |  | | | | | |  |
|  | | | | | | |  | | | | | |  |
|  | | | | | | |  | | | | | |  |
|  | | | | | | |  | | | | | |  |
|  | | | | | | |  | | | | | |  |
| **8. Are extra precautions needed? If no please tick box and move onto next section** | | | | | | | | | | | | | |
| **If yes, please describe** | | | | **Who has been asked to do this?** | | | | | | **By what date?** | | | |
|  | | | |  | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
| **9. EMERGENCY ACTIONS** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **10. Monitor and review** | | | | | | | | | | | | | |
| Controls should be monitored: daily  weekly  monthly  6 monthly  annually  other  I will review this risk assessment at least every 6 months  every 12 months  **Immediately in the event of process / location change or incident or accident** | | | | | | | | | | | | | |
| **11. Training record – use this section to record the names and date of any persons you are training in this risk assessment and associated procedures** | | | | | | | | | | | | | |
| Name | | | | | Date | | | Name | | | | Date | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |
|  | | | | |  | | |  | | | |  | |

<https://www.imperial.ac.uk/safety/forms/> for all specific risk assessment forms.