

# DISCIPLINE OF ELECTRICAL AND COMPUTER ENGINEERING

## FINAL YEAR PROJECT RISK ASSESSMENT

Rev. 0.6 21/02/2017



### Project Specific Training Requirements

Please ensure that any training that is required to participate in this project is detailed in the table below along with the date when that training expires:

Name	Low Voltage Rescue		Test before Touch		Laser Safety		Required (Y/N)		Expiry Date		Required (Y/N)		Expiry Date		Required (Y/N)		Expiry Date	
	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date	Required (Y/N)	Expiry Date
Samuel Parker	N		N		N													

Students Name:	Samuel Parker		
Signature:			
Phone:	0421982410	Date:	2/8/2019
APPROVED BY:	Kaushik Mahata		
Academic Supervisor	KAUSHIK MAHATA		
Signature:	Kor		
	Date:	5.8.2019	