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| **RISK ASSESSMENT FORM** | | | | | | | | | |
| **Section 1 - Risk Assessment Reference Number**  **(this is required for staff and research student ethics applications INCLUDING MRes, but NOT for MA/ MSc or undergraduate)**  **(please access the link** [**HERE**](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fportal.roehampton.ac.uk%2Finformation%2Fhealthandsafety%2FPages%2Frisk-assessment.aspx&data=05%7C01%7CJan.Harrison%40roehampton.ac.uk%7Cb7e7f56505374172589f08db248aecf5%7C5fe650635c3747fbb4cce42659e607ed%7C0%7C0%7C638143951316449306%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0FfA%2FrpxPr4FUUIl9Sj3E8UYSbv08wLZuikjFy9MEgE%3D&reserved=0) **and scroll to the bottom of that page to find out who to contact to obtain the risk reference number)**  **Information on completing the risk assessment can be found** [**here**](https://portal.roehampton.ac.uk/information/healthandsafety/Pages/risk-assessment.aspx) | | | | | | | | |  |
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| **Section 2 - Title of Project:** | | | | | | | | | |
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| **Section 3 - Description of activity including whether it involves human participants:** | | | | | **Section 4 - Date:** | **From:** |  | **Until:** |  |
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| **Section 5 - Does your research involve clinical procedures with human beings?**  If YES then Good Clinical Practice (GCP) training is mandatory as outlined in departmental SOPs). Please confirm that you have completed this if required.  If required and you have not yet completed the University’s GCP training course, you must complete the online NHS training [here](https://www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice.htm) and provide the certificate for this. | | | | | | | | | YES  NO |
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| **Section 6 - Area/Locations** | |  | | | | | | | |
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| **Section 7 - Project Team** | **Name** | | | **Job Title** | | | | | |
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| 3 |  | | |  | | | | | |
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| **Section 8 - Number of people affected** | |  | **Rate** | **H=Hourly, D=Daily, W=Weekly, M=Monthly, Q=Quarterly, S=Six monthly, A=Annually** | | | | | |
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| **Section 9 - Identify the Hazards** | | | | | | | | | | | | | | | | | |
|  | Work at height |  |  | Fixed machinery or lifting equipment |  |  | Layout , storage, space, obstructions |  |  | Lone working/work out of hours |  |  | Hazardous fumes,  chemicals, dust |  |  | Access and egress |  |
|  | Confined space/ asphyxiation risk |  |  | Use of portable tools/equipment |  |  | Lack of welfare facilities |  |  | Violence to staff/verbal assault |  |  | Hazardous biological agents |  |  | Contractors |  |
|  | Hot Works |  |  | Electrical Equipment/Electricity |  |  | Slips, Trips & Falls/Housekeeping |  |  | Fieldtrips/field work |  |  | Fall of objects |  |  | Food preparation |  |
|  | Manual handling operations |  |  | Vehicles/driving at work |  |  | Lighting levels |  |  | Radiation sources |  |  | Asbestos |  |  | Work with animals |  |
|  | Outdoor work/ weather conditions |  |  | Noise or Vibration |  |  | Heating & ventilation |  |  | Hazardous / Non-Hazardous Waste |  |  | Legionella |  |  | Traffic Routes |  |
| 1. **55** | Display screen equipment |  |  | Pressure vessels/Gases |  |  | Occupational stress |  |  | Fire hazards & flammable material |  |  | Occupational Diseases |  |  | Other(s) - specify |  |

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| **Section 10 – Risk Assessment** | | | | | | | | |
| **Hazard No.** | **Hazards**  List what could cause harm from this activity *e.g. working at height, trip hazard, fire, etc* | **Persons at Risk / Consequence**  List who might be harmed and how  As a minimum Researcher and Participant must be included if there are no risks put N/A under that person. | **Risk rating**  decide level of risk without your controls in place  **VH=Very High, H=High, M=Medium, L=Low, VL=Very Low** | **Control Measures**  For each hazard, list the measures you will be taking to minimise the risk identified *e.g. appointing competent persons, training received, planning, use of personal protective equipment, provision of first aid, task risk assessment, COSHH, SOP etc* | | | **Residual Risk rating**  decide level of risk once all your controls are in place  **VH=Very High, H=High, M=Medium, L=Low, VL=Very Low** | **Additional Controls Any actions to reduce the risk further**  (provide details below in Section 2)  Labelled:  A  B  C etc |
|  |  | Researcher:  Participant: |  |  | | |  |  |
|  |  | Researcher:  Participant: |  |  | | |  |  |
|  |  | Researcher:  Participant: |  |  | | |  |  |
|  |  | Researcher:  Participant: |  |  | | |  |  |
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| **Section 11 – Additional Controls** | | | | | | | | |
| **Hazard Label (A,B,C)** | **Hazards** | **Additional Controls Required** | | | **Action by Whom** | **Target Date** | **Completion Date** | **Signature When Completed** |
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| **Section 12 - Comments** | | | | | |
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| **Section 13 - Authorisation** | | | | | |
| The signatures below confirms that a meeting/discussion has taken place if necessary and that the Hazard, Risks and appropriate Control measures outlined above have been read and understood. | | | | | |
| **Signed (Applicant)**  **Please note that a second signature is also required as detailed below:** |  | **Print Name** |  | **Date** |  |
| **Approval** | | | | | |
| **Student Applications**  **Signed (Supervisor/PI)** |  | **Print Name** |  | **Date** |  |
| **OR** | | | | | |
| **Staff Applications**  **Signed (Peer Review by a Roehampton Colleague)** |  | **Print Name** |  | **Date** |  |