

**General Risk Assessment form**

**Non – Laboratory Community Studies**

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| Name of Risk Assessor |
| Name and location of Department / Unit where work will be undertaken |
| **Part 1 Describe the task**(For work involving chemicals or biological agents the COSHH Risk Assessment form should be used. For work involving radiological agents the Radiation Risk Assessment form should be used. For work involving Manual Handling the Manual Handling Risk Assessment form should be used.) |
| **Part 2 Determine the hazards and the risks that the task poses** |
| ***Location Hazard Information*** Will the work take place off-site? Yes NoWill the worker be accompanined? Yes NoDoes the external location have known hazards associated with it? Yes NoDoes the work involve entry into an individuals house Yes No Will other individuals be present? Yes NoWill animals be present? Yes NoWill the workers each be contactable by mobile phone at all times? Yes No***Travel Hazard Information*** Will the worker be using public transport to the destination? Yes No Will the worker be their car to the destination? Yes No Will travel occur after dark? Yes No Will the workers be transporting equipment? Yes No Will the workers be transporting computers? Yes No Will the workers be transporting drugs? Yes No  |
| ***State the Risks to Health from Identified Hazards*** |
| ***Indicate those who could be affected by the work***  |
| ***Worker information*** Is the worker pregnant Yes No Not Applicable Does the worker suffer from asthma, rhinitis, or allergies  Yes No Does the worker have a pre-existing condition that could make them more vulnerable than usual to the work  Yes No Has the worker been vaccinated Yes No Not Applicable to project Will Health Surveillance be required Yes No Not Applicable to project  |
| ***Safety measures currently in place***Control Measures: *(for example, communication, training, pre-work visits supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers.*  |
| **Part 3 Indicate the level of the risk the task poses using current safety**  **Measures**Explain the reason for your decision (Risk could be Low / Medium / High)  |
| **Part 4 Determine ways to further control the risks** |
| ***Emergency Procedures*** |
| ***First Aid Procedures*** |
| ***Risk Control*** Are the risks associated with the project adequately controlled Yes No Please state you reason |
| **Part 5** **Implementation and Communication of the Risk Assessment**Date of completion of AssessmentName of AssessorWho is responsible for communicatuing this assessment to other staff Names and Signatures of those covered by this assessment |
| **Part 6 Review of Risk Assessment**Completion date of assessmentReview date of assessment |