|  |  |  |  |
| --- | --- | --- | --- |
| **Location / Building / Area:** |  | **Activity (Summary):** | . |
| **Lab code:** |  |
| **Date of Assessment:** |  | **Name of Laboratory Manager:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **What are the dangers/hazards?** | **Who might be harmed and how?** | **Personal Harm** | **Likelihood of Harm** | **What are you already doing to prevent harm?** | **What further action is necessary?** | **Action by whom** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Key | PERSONS AT RISK | |  | PERSONAL HARM? | |  | LIKELIHOOD | |  | Risk Significance | | | | | | | | **Date for Review** |  | |
|  | Ug | Undergraduate |  | F | Fatality |  | Y | Yes/ Very High |  |  | Y | Pr | Po | R |  |  |  |  |  | |
|  | Pg | Postgraduate |  | Mj | Major Injury |  | Pr | Probable |  | F | ✓ | ✓ | ✓ | ✓ |  | ✓ | = Significant risk |  |  | |
|  | S | Staff |  | Mn | Minor Injury |  | Po | Possible |  | Mj | ✓ | ✓ | ✓ | ✓ |  |  |  |  | |  |
|  | C | Contractor |  |  |  |  | R | Remote |  | Mn | ✓ | ✓ | X | X |  | X | = Insignificant risk |  | |  |
|  | V | Visitor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | Pa | Patient |  |  | Major Injury: | Loss of or broken limb | | | | | | | | | | | |  | |  |
|  | Pu | General Public |  |  |  | Loss of or damaged eye | | | | | | | | | | | |  | |  |
|  | Yp | Young Person |  |  |  | Loss of consciousness | | | | | | | | | | | |  | |  |
|  | Nm | New/Expectant Mother |  |  |  | Acute illness needing medical treatment | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  | Permanent ill health or disability | | | | | | | | | | | |  | |  |