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**Risk Assessment Record: Location / piece of equipment / activity being assessed**

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| **Location / Area:** | Please list all the locations involved |
| **Dept/School + Unit if known** | Dept/School: Inf / Eng / EngInfUnit: e.g. TFMRC, Space Research etc. | **Building manager:** | Please refer to School webpage on Risk Assessments if unsure<http://www.sussex.ac.uk/ei/internal/general/healthsafety/riskassessments>  |
| **Assessor:** | Your name | **Position:** | Your position in the School / Dept |
| **Date of assessment:** | Date assessment is valid from | **Colleagues consulted:** | Record who you have consulted in considering this RAe.g. your academic supervisor/Head of Lab/ School Health & Safety rep |
| **Valid until:** | Date assessment is valid untilDefault: end of project/one year from date of assessment | **Due for review (Y/N)** | N - if the project is a one-time undertaking, not to be repeatedY - if the RA is on-going |
| **Summary of project or activity**  | **Brief summary of the nature of the equipment/activities etc.**This should be a description of the activity that your project entails, not the objectives. For example: an electronics project which entails the design construction and testing of a low power, low frequency, electronic system. |
| **Primary Hazard type** | Please refer to School webpage on Risk Assessments if unsure: <http://www.sussex.ac.uk/ei/internal/general/healthsafety/riskassessments> |
| **Overview of main risks involved:** | **Brief summary of the main risks involved**e.g. Risk of accident and injury during the Mock-up /Prototyping and making process – cuts, abrasions or burns |
| **Overall Risk Rating:** | **Low / Medium / High – this needs to be based on the current risk ratings, until the further risk controls have been implemented**e.g. Low-to-Acceptable Risk |

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|  |  |  | **Likelihood (L) \*** | **Severity (S) \*** | **Risk Rating (LxS) \*** |  | **Residual likelihood (RL)**  | **Residual Severity (RS)** | **Residual Risk Rating(RL x RS)** |  |  |  |
| **Hazards Identified \*\*\*** | **Who may be harmed?** | **Existing Risk Controls \*** | **Further Risk Controls required(if Risk Rating is 5 or above) \*** | **Responsible forimplementing further Risk Control measures** | **Due Date \*\*** | **Date Completed** |
| Describe the potential adverse effect, e.g. injury from working with mechanical tools | List \*all\* those who may be affected.Consider the less-obvious aspects, e.g. visitors to the area, cleaning staff, contractors undertaking repairs | List any measures already in place to reduce the likelihood of adverse effect |  |  |  | **If Risk Rating at 5 or above, consider introducing additional control measures to further reduce the risk** |  |  |  | The default is that the signatory on the RA is responsible for risks control measures to be implemented. This can be delegated to a member of the team. | The risk control measures listed need to be implemented by this date | Record date completed as a record of the implementation of the risk control measures |
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**\* Risk Rating:**This form assumes 1-5 scoring system for Likelihood & Severity, and 1-25 scoring for Risk Rating. (see [Guidance Note on Risk Assessments (RAs)](http://www.sussex.ac.uk/ei/internal/documents/risk-assessment-guidance-note.doc) for more details)

Within 1-25 Risk Rating scoring, Risk Rating score of 1-4 is considered Acceptable, 5-9 Adequate. **Risk Rating of 10 and above indicates that further risk control measures must be introduced until the Residual Risk Rating has been reduced to at least below 10.**

**\*\* Due Date** records the date by which all the identified risk control measures need to be implemented.

\*\*\* For **software based projects**, only DSE, and trips/slips/falls apply

**Lone work** is never allowed for practical work in final year projects.

**Contingency plan of action**

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| **In the event of** | **Take this action** | **Involve** |
| Describe foreseeable emergency/contingency situation | 1. Step-by-step instructions for this situation
2. Include any relevant information, e.g. the service to contact and the phone numbers
 | List who needs to be notified if this situation occurs, and what information they will need |
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**Safety Protocols**

Please include any Safety Procedures that need to be followed in relation to this activity

**Authorisation / Approval for student projects**

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| **Authorising individual** (for student projects: Academic supervisor / Course convenor) |
| **Name** | **Signature** | **Date** |
| Name the person authorising your Risk Assessment |  |  |
| **Personnel involved** All project group members and any others listed in ‘Who may be harmed?’ |
| **Role** | **Print name** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |

After this form has been authorised, an **e-copy** needs to be emailed to riskassessments-enginf@sussex.ac.uk