 **NUI Galway Safety Office**

***Draft* Activity/Project Risk Assessment *Template***

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| **Activity/Project title:** |  |
| **Activity/Project description:** | [Describe the full activity/project from start to final disposal. List the main hazards, controls and relevant resources where not already explained in points 1 to 7 below. Hazards to be assessed collectively as they arise in the activity/project i.e. combined use of agents, equipment, etc.] |
| **Activity/Project duration:** |  |
| The other risk assessments and resources relevant to this Activity/Project Risk  Assessment are listed out below as follows: | |
| 1. Risks assessments for Room/Lab. UU, Activity VV, Equipment WW, Chemical Agents XX, Biological Agents YY   \*\* In assessing the risk ensure that the **level, type** and **duration** of exposure has been considered, as well as the **quantities** stored/used. |  |
| 1. SOPs for ZZ procedures |  |
| 1. Other references/resources including Safety Data Sheets, other supplier information |  |
| 1. School/Research Institute Induction training | Date Completed: |
| Issues addressed |
| 1. Local Induction training | Date Completed: |
|  | Issues addressed |
| 1. Identify any other safety training needs in the “Controls/Arrangements” below. | |
| 1. In addition to the risks assessed at 1 above, the following additional risks have been   identified for this Activity/ Project (complete table below):-  This needs to consider all the **circumstances of work** with the chemicals or other elements such as direct work, inadvertent exposure or accidental release. | |

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| **Hazards** | **Risk Assessment \*\***  **Likelihood X Severity** | **Controls/Arrangements** | **Person Responsible** |
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| ***With the above agreed Controls/ Arrangements in place what is the revised Risk Assessment*** | | ***Likelihood X Severity*** | ***Risk Assessment*** |

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator/Academic Supervisor/Other Student

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Footnote: Any amendments to this risk assessment to be confirmed to the Principal Investigator /Academic Supervisor, Student and any other relevant personnel in writing.

For student projects refer to Guidelines on Post Graduate and Under Graduate Students

and the Role of Academic Supervisors in the NUI Galway Safety Statement.