**Department of Materials**

**Apparatus Risk Assessment Form**

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| Outline of Work/Activity: | **Review date:** |
| **Location:** |
| Assessor Name: | Signature: | **Date:** |
| Authorised By: | Signature: | **Date:** |

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| --- | --- | --- | --- | --- |
| **Hazard** | **Who Might Be Harmed?** | **Existing Control Measures** | **What Further Action is Required?** | **By Whom/When?** |
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**Guidance Notes on Completing the Risk Assessment Form**

**This form is intended for use to assess a single piece of apparatus that requires a detailed risk assessment because of its complexity and bears a significant hazard level.**

**Hazard**

* Only list those that you could reasonably expect to cause significant injuries, damage or affect several people.
* Will the work require the use of machines or tools, how can you or anyone else be injured or damage caused?
* Will the work require the use of chemicals, if so complete a separate COSHH assessment form
* Will the work produce any fumes, vapours, dust or particles, can they cause harm?
* Are there any significant hazards due to where the work takes place, such as confined space, at height, poor lighting, high/low temperature?
* Will there be any lone working or working out of normal hours?

**Who might be harmed?**

* Remember to include yourself, your supervisor, others working in the vicinity – including contractors and cleaners.
* Those more vulnerable or less experienced should be highlighted as they will be more at risk, such as Undergraduates, people unfamiliar with the work area, disabled or with medical condition, e.g. pacemaker.

**Existing control measures:**

* List the control measures in place for each of the hazards, such as machine guards, local exhaust ventilation, use of PPE, documented safe operating procedure
* Remember appropriate training is a control measure and should be listed

**What Further Action is Required?**

* List any additional control measures which are required to reduce the risk so far as is reasonably practical.
* Additional measures may include such things as; increased ventilation, Safe Operating Procedure, barriers, fall arrest equipment, etc.
* PPE should only be used as a last resort, if all else fails.

**By Whom/When**

* Who is responsible for completion of any additional control measures, and by when?