

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	
Ug	Undergraduate
Pg	Postgraduate
S	Staff
C	Contractor
V	Visitor
Pa	Patient
Pu	General Public
Yp	Young Person
Nm	New/Expectant Mother

PERSONAL HARM?	
F	Fatality
Mj	Major Injury
Mn	Minor Injury

LIKELIHOOD	
Y	Yes/ Very High
Pr	Probable
Po	Possible
R	Remote

Risk Significance					
	Y	Pr	P	R	
F	✓	✓	✓	✓	✓ = Significant
Mj	✓	✓	✓	✓	
M	✓	✓	X	X	X = Insignificant

Date for Review

Major Injury: Loss of or broken limb
 Loss of or damaged eye
 Loss of consciousness
 Acute illness needing medical treatment
 Permanent ill health or disability