

4TH YEAR PROJECT HAZARD ASSESSMENT FORM

Project Code:	Project Location:
Student Name:	Student Email:
Supervisor Name:	Supervisor Email:
Brief Description of Project:	
Hazard identification <i>(the following examples are not an exhaustive list):</i> Are there any hazards which are likely to be encountered during the project? YES ☐ NO ☐ (Tick box) If YES then please provide further details under the headings below. Electrical: (e.g. electric shock, equipment operating at voltages >1000v, working on exposed circuits with voltages >50v etc. NOTE If you are working with an item either self-built, or modified, in excess of 25 Watts, 25 Volts or 1 Amp a risk assessment must be completed to outline the control measures in place to address the hazards. This applies to both AC and DC.) Hazardous Substances: (e.g. harmful, toxic, flammable, sensitiser, carcinogenic, explosive, corrosive etc) Gases: (e.g. asphyxiant, flammable, toxic, explosive, oxidising etc) Laser: (e.g. class of laser etc) Radiation: (e.g. ionising, non-ionising, electromagnetic fields, x-rays, ultraviolet (UV) etc) Robotic: (e.g. errors - human/control, mechanical failures, power systems etc) Mechanical: (e.g. power tools, workshop machinery, powered lifting, etc)	

Biological: (e.g. biological hazards, genetically modified organisms (GMO) etc)

Physical: noise, vibration, high pressures, falling objects collapsing structures, sharp objects, high or low temperatures etc)

Other: (e.g. computer use, working at height, confined spaces, lone working, manual handling, slips, trips and falls, dust etc)

Identified risks should be discussed with your supervisor and a safe system of work agreed. A more in depth risk assessment may be required after initial review. Do not proceed until this form is signed off.

For any safety queries contact the Department of Engineering, Safety Office on 01223 (7)48501 or email safety-office@eng.cam.ac.uk, Room INO-18 (*Inglis Building Office Floor*).

Signature of Student:	_____	Date:	_____
Signature of Supervisor:	_____	Date:	_____
Signature of Safety Office:	_____	Date:	_____