

## Out of Hours Activities Risk Assessment Form



Version No: Rev 0

August 2010

Risk Assessment for Out Of Hours Access Category 2 Activities			
<b>School/Department</b>			
<b>Location of Access (Room No's)</b>			
<b>Risk Assessment Undertaken By</b>		<b>Date</b>	
<b>Approved By Head of Department</b>		<b>Date</b>	
<b>Potential Hazards</b> <i>(Below is non exhaustive list of potential Hazards which may be present, please select those that apply and expand on their details)</i>		<b>Controls Measures to Reduce Risk</b> <i>(What controls are in place, e.g. buddy system when working with chemicals or equipment, commutation with security etc)</i>	
Work Equipment and Environment		•	
Access and Egress		•	
Fire/Emergency Evacuation		•	
Chemical exposure		•	
Lone Working		•	
Lack of Supervision		•	
Sudden Illness and/or Medical Emergencies		•	
Personal Safety and Security		•	
Individual factors (e.g. illness)		•	
Any other Hazards please specify		•	