

 GENERAL RISK ASSESSMENT

SUBJECT OR ACTIVITY:-

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| **1. PERSONS CARRYING OUT, APPROVING AND CHECKING THIS ASSESSMENT. (MUST HAVE SUCCESSFULLY COMPLETED RAFT OR OTHER APPROVED TRAINING)** |
| **Assessor** |  | **Position** |  | **Date** |  | **Confirm Training in Risk Assessment Yes [ ]**  |
| **Approved by** |   | **Position** |   | **Date** |   | **Confirm Training in Risk Assessment Yes [ ]**  |
| **Checked by** |  | **Position** |  | **Date** |  | **Confirm Training in Risk Assessment Yes [ ]**  |
| **2. DETAILED DESCRIPTION OF THE STEPS INVOLVED IN THE ACTIVITY (include storage, transport and disposal if relevant, and how often it is carried out)** |
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| **3. LOCATION** |
| **Site** | Choose an item. | **Building** | Choose an item. | **Room** |  |
| **4. HAZARDS – WHAT ARE THEY, WHO IS AFFECTED, HOW ARE THEY CONTROLLED?** |
| NOTES – PLEASE READ CAREFULLY!List **all** the hazards associated with the work, decide who could be affected, give details of what could happen without any controls, and estimate the “raw” risk.Then write down the control measures that are already in place to prevent any harm occurring, and estimate the “residual” risk using the matrix guide (Appendix1)If the residual risk is not reduced to “LOW” (less than 4) then additional controls must be considered; however, aim to get the lowest risk score that is reasonably practicable. |
| **HAZARD TYPE** | **WHO DOES THE HAZARD AFFECT?** | **WHAT INCIDENT OR HARM COULD BE CAUSED WITHOUT ANY CONTROL MEASURES?** | **RAW RISK with no control measures.** **In your estimation, is it:-****LOW, MEDIUM or HIGH?** | **EXISTING CONTROL MEASURES** **(E.g. PHYSICAL THINGS LIKE MACHINE INTERLOCKS; PROCEDURAL THINGS LIKE OPERATING PROCEDURES; TRAINING)** | **RESIDUAL RISK with existing controls (See appendix 1)** |
|  | **S**everity | **P**robability | Risk (**S** x **P**) |
| Explosion | Staff / Students | Uncontrolled explosion of pressurised components could cause serious injury through flying shrapnel, hot gas release or cold gas release, resulting in major burns, broken limbs or other major injuries requiring medical attention.  | High | Physical distance and obstacles (Members taking shelter in building ~20m away behind 2 walls and a fence), engine (source of explosion) being placed into 0.5m deep pit, controlled failure mode (nozzle popping off), Windows in proximity of members are being draped with blanket to ensure no shrapnel can harm members | Unlikely | Serious | 4 |
| **5. WHAT ADDITIONAL CONTROL MEASURES ARE NEEDED? If none, please tick box and move on to next section** **[ ]**  |
| **Please describe:-** | **Responsible Person(s)?** | **By what date?** | **Completed? (Date)** |
| Persons in the area will be notified 7 days in advance, specifying the date & time of tests, via email | Philip Tzonev | 04/12/2021 | 01/12/2021 |

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| **6. LONE WORKING (This can increase the risk from other hazards, and must always be considered.)** |
| NOTE – READ CAREFULLY! USE THESE LINKS FOR THE [COLLEGE GUIDANCE](http://www.imperial.ac.uk/safety/safety-by-topic/lone-working/), THE COLLEGE [CODE OF PRACTICE](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/safety/internal/lone-working/Lone-working-CoPv10-college-issue-May-2014.pdf) AND THE [LONE WORKING CONSENT FORM](https://share.imperial.ac.uk/services/SafetyDpt/loneworking/LoneWorkingForm/SitePages/Home.aspx)Lone working is not a hazard in itself, but will increase the risk of harm occurring from other hazards.Record *why* Lone working will or won’t take place, state *who* will be lone working and *what* controls and permissions are in place. |
| **WHY WILL (OR WON’T) IT TAKE PLACE?** | **WHO MIGHT BE WORKING ALONE?** | **WHAT ARE THE CONTROLS / PERMISSIONS?** |
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| **7. EMERGENCY ACTIONS** |
| INCLUDE:- * Dangerous failure of equipment or experiment;
* Evacuation procedures if the (Fire) Alarm sounds (Evacuation route and muster point);
* How to raise the alarm;
* What to do and who to call in the event of an Injury or accident.
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| **8. Monitor and review** |
| This risk assessment should be reviewed monthly until the extra controls are fully implemented, and annually thereafter.**It should also be reviewed Immediately in the event of process / location change or incident or accident.** |
| **REVIEW DATES** |  |  |  |  |  |  |
| **9. Other Specialised Risk Assessments** |
| Some of your hazards may require additional risk assessments - ask your safety officer for guidance or visit the [Central Safety forms web pages](http://www.imperial.ac.uk/safety/find-forms/). For example:-Chemical and Hazardous Substances – needs a [COSHH assessment](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/safety/internal/forms/coshh/COSHH-June-2017-Protected.doc).Biological Hazards – visit the [Biological Safety](http://www.imperial.ac.uk/safety/safety-by-topic/laboratory-safety/biological-safety/) web pages – may need a College Bio1 risk assessmentOff-site Work and Fieldwork – there are [specific forms](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/safety/internal/off-site-working/Fieldwork-Travel-Flow-Chart-October-2016.pdf) for Fieldwork, Hosted Research and Conferences etc.Ionising Radiation, inc. X-rays – the College Radiological Protection Team will help, but you need to [register the work](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/safety/internal/ionising-radiation/compliance/work-and-personnel-registration-flowchart.pdf).Lasers - [need to be registered and risk assessed](https://imperiallondon.sharepoint.com/sites/foe/laser/SitePages/laserhome.aspx) Significant Manual Handling – Speak to your departmental manual handling advisor[Compressed Gases](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/safety/internal/forms/gases/Gases-RA-Form-January-2014-Protected.doc) and [Cryogenics](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/safety/internal/forms/cryogenics/Cryogenics-RA-Form-January-2014-Protected.doc) – need separate risk assessments.PLEASE LIST BELOW ANY SPECIALISED RISK ASSESSMENTS THAT ACCOMPANY THIS ONE. |
| Type of Risk Assessment: | Title (and reference number if applicable): | Name of Assessor: | Date: |
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