

Computer Laboratory



UNIVERSITY OF
CAMBRIDGE

*Please complete this form and click print.
Alternatively, print a blank copy to complete by hand.*

Risk Assessment

Group/location of activity :

Description of Activity/Workplace:

Identified Hazards:

Who those hazards affect:

Reasonably foreseeable outcome:

Safe working procedure:

Assessment carried out by:

Date:

(Select a date using the drop-down menu)

Please return all forms to Reception.