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|  | **Department of Computer Science and Technology**  **RISK ASSESSMENT FORM** |  |

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| Name | Date: | |
| Before any travel, please consult the foreign travel advice website for the country you are travelling to: <https://www.gov.uk/foreign-travel-advice>  Activity summary *(e.g. conference travel, project meeting. research visit etc)*  What will the activity involve? *(e.g. travel, presentation, meetings, lab visit etc)*  Location of activity *(please provide full address)*  Any University of Cambridge staff or students involved with activity? *(if yes, please list names)*  Date(s) of activity | | |
| Identify the potential hazards *(low risk e.g. travel delays, loss of equipment, hotel cancellation. Be more specific for medium/high risk)* | Hazard risk level: | |
| High |  |
| Medium |  |
| Low |  |
| What control measures are in place to prevent the hazards occurring? *(e.g. insurance, using trusted companies, advance planning, contingency planning etc)* | | |
| If any of the hazards are high risk, what have you done to take this into account and mitigate the risk? | | |
| Do any other risk assessments relate to this activity? *(e.g. an RA from someone else participating in the activity)*  Yes/No  If ‘Yes’, refer to them here. | | |
| Before signing the form, tick to verify:   |  |  |  | | --- | --- | --- | |  | Yes | No | | Have you specified what the activity will involve? |  |  | | Have you specified who is involved? |  |  | | Have you specified when the activity will take place? |  |  | | If there are special risks, have you specified mitigating procedures? |  |  | | Have you cross referenced to other risk assessments? |  |  | | Are you using University insurance? |  |  | | * If no, do you have suitable personal insurance? |  |  | | Are travel arrangements in place? |  |  | | Have health issues been checked? |  |  | | Have equipment requirements been checked? |  |  |   Emergency contact numbers *(please provide name and number of a friend/relative/partner who we can contact in an emergency)*  Signature | | |
| Name and signature of supervisor/line manager/departmental secretary  Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Countersignature of Departmental Safety Officer  Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | |

*Please return the completed form to the Departmental Secretary. A copy of this form will be kept on your personal file.*