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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/NoIf ‘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 secretaryDate: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Countersignature of Departmental Safety OfficerDate: \_\_\_\_\_\_\_\_\_\_\_\_ |

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