

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

Name	Date:								
<p>Before any travel, please consult the foreign travel advice website for the country you are travelling to: <a href="https://www.gov.uk/foreign-travel-advice">https://www.gov.uk/foreign-travel-advice</a></p> <p>Activity summary <i>(e.g. conference travel, project meeting, research visit etc)</i></p> <p>What will the activity involve? <i>(e.g. travel, presentation, meetings, lab visit etc)</i></p> <p>Location of activity <i>(please provide full address)</i></p> <p>Any University of Cambridge staff or students involved with activity? <i>(if yes, please list names)</i></p> <p>Date(s) of activity</p>									
<p>Identify the potential hazards <i>(low risk e.g. travel delays, loss of equipment, hotel cancellation. Be more specific for medium/high risk)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Hazard risk level:</td> </tr> <tr> <td style="width: 70%;">High</td> <td style="width: 30%;"></td> </tr> <tr> <td>Medium</td> <td></td> </tr> <tr> <td>Low</td> <td></td> </tr> </table>	Hazard risk level:		High		Medium		Low	
Hazard risk level:									
High									
Medium									
Low									
<p>What control measures are in place to prevent the hazards occurring? <i>(e.g. insurance, using trusted companies, advance planning, contingency planning etc)</i></p>									

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.