# **RISK ASSESSMENT SUMMARY - Room xxx – GROUP xxx**

**The** **Responsible Person for this laboratory is**: *Insert Full Name here*  **Receiver:** *GU extension/mobile*

Description of laboratory use:

|  |  |  |
| --- | --- | --- |
| **HAZARD** | **LIKELIHOOD OF RISK** | **CONTROL MEASURES** |
| **Electrical Shock**   * Electrical equipment | Low / Medium / High |  |
| **Fire**   * Electrical failure * Solvent fire | Low / Medium / High  Low / Medium / High |  |
| **Hazardous Chemicals**   * Solvents * Reagents * Catalysts * By-products | Low / Medium / High  Low / Medium / High  Low / Medium / High  Low / Medium / High |  |
| **Gas Cylinders** | Low / Medium / High |  |
| **Lifting Equipment** | Low / Medium / High |  |
| **Laser Radiation** | Low / Medium / High |  |
| **Nuclear Radiation** | Low / Medium / High |  |
|  |  |  |

*Brief summary of activity undertaken in this laboratory***Signatures:**

**Research Group Leader: Responsible person: Date: \_\_\_\_\_\_\_\_**