

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1999

GENERAL RISK ASSESSMENT - FORM RA2

DEPARTMENT/SCHOOL/UNIT		REF NO.	
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TASK/OPERATION BEING ASSESSED	
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PURPOSE/METHOD OF WORK

SPECIFIC LEGISLATIVE REQUIREMENTS

LEVEL OF SKILL/TRAINING REQUIRED

CHEMICALS/MATERIALS INVOLVED	HSC NO.	ASSESSMENT DATE

SPECIFIC WORK EQUIPMENT PROVIDED

MAIN HAZARDS IDENTIFIED	WHO WILL BE AFFECTED	CONTROL MEASURES TO REDUCE THE RISK

MANUAL HANDLING RISK	
Has a manual handling risk been identified?	YES/NO
Is the risk considered to be	Low/Medium/High
Is a further detailed assessment required?	YES/NO
<p>If the answer to the above question is YES a separate manual handling assessment will be required to fulfil the requirements of the Manual Handling Operations Regulations 1992.</p>	

PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
Is training and instruction required	YES/NO
Is there need for special accommodation	YES/NO
Is there need for test/examination	YES/NO
Is all P. P. E. compatible	YES/NO

FREQUENCY OF MONITORING				
N/A	3 Months	6 Months	1 Year	> 1 Year

ASSESSMENT REVIEW PERIOD				
< 1 Year	2 Years	3 Years	4 Years	> 4 Years

Signed

Post/Title

Date