



# RISK ASSESSMENT FORM 2012

Project title: \_\_\_\_\_

Activity (Give a brief outline of what you are planning to do.)

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Are there possible risks?

Consider:

- **Chemical** – Check with your teacher that they are on the list of approved chemicals. Do you need to use them in a well-ventilated area?
- **Thermal** – Are you heating things? Could you be burnt?
- **Biological** – Are you working with micro-organisms such as mould and bacteria?
- **Sharps** – Are you cutting things?
- **Electrical** – Do you need to use 240 V electricity or could you use a battery?
- **Radiation** – Are you using UV radiation or lasers?
- Other hazards
- If people are involved in any way you must get them to sign a permission note consenting to be part of your experiment.

Risks	How I will control / manage the risk
<i>e.g. breathe in mould spores from the bread</i>	<i>Seal containers and don't open for any reason</i>

(Attach another sheet if needed.)

**\* Risk Assessment indicates that this activity can be safely carried out.\***

I have assessed that this activity can be carried out safely:

Teacher's name: .....

Teacher's Signature: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_