

**DEPARTMENT OF ENGINEERING
HEALTH AND SAFETY OFFICE**

4TH YEAR PROJECT RISK ASSESSMENT FORM

NAME & EMAIL ADDRESS:	PROJECT CODE:
SUPERVISOR:	PROJECT LOCATION:
BRIEF DESCRIPTION OF PROJECT:	
<p>Hazard identification - note any hazards which are likely to be encountered during the project</p> <p>ELECTRICAL</p> <p>HAZARDOUS SUBSTANCES</p> <p>LASER (register with Prof T Wilkinson in all cases)</p> <p>ROBOTIC</p> <p>MECHANICAL</p> <p>BIOLOGICAL (register with Dr T Savin)</p> <p>OTHER (e.g. computer use)</p> <p>Identified risks should be discussed with your supervisor and a safe system of work agreed. A more in depth risk assessment may be required after initial review. Do not proceed until form is signed off. For any safety queries contact the Department Safety Office on 32740 or is307@cam.ac.uk, Room BN0-41.</p>	
Signature of student:	Date:
Signature of supervisor:	Date:
Signature of Health & Safety Officer:	Date: