

RISK ASSESSMENT FORM

Models & Inventions

This must be included with your report, log book or entry

NAME: _____ ID: _____

SCHOOL: _____

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

Are there possible risks? Consider the following:

- Chemical Risks: are you using chemicals? If so, check with your teacher that any chemicals to be used are on the approved list for schools. Check the safety requirements for their use, such as eye protection and eyewash facilities, availability of running water, use of gloves, a well-ventilated area or fume cupboard.
- Thermal Risks: are you heating things? Could you be burnt?
- Biological Risks: are you working with micro-organisms such as mould and bacteria?
- Sharps Risks: are you cutting things, and is there a risk of injury from sharp objects?
- Electrical Risks: are you using mains (240 volt) electricity? How will you make sure that this is safe? Could you use a battery instead?
- Radiation Risks: does your entry use potentially harmful radiation such as UV or lasers?
- Other hazards.

Also, if you are using other people as subjects in an investigation you must get them to sign a note consenting to be part of your experiment.

Risks	How I will control / manage the risk

(Attach another sheet if needed.)

Risk Assessment indicates that this activity can be safely carried out

RISK ASSESSMENT COMPLETED BY (student name(s)): _____

SIGNATURE(S): _____

by ticking this box, I / we state that my / our project adheres to the listed criteria for this Category.

TEACHER'S NAME: _____ SIGNATURE: _____

DATE: _____