OSA RISK ASSESSMENT FORM

for all entries in (\checkmark) \square Models & Inventions and \square Science Investigations

This must be included with your report, logbook or entry. One form per entry.

| STUDENT(S) NAME: | ID: |
|--|--|
| SCHOOL: | |
| Activity: Give a brief outline of what you | |
| | |
| | |
| Are there possible risks? Consider the | following: |
| on the approved list for schools. Check eyewash facilities, availability of runnin Thermal risks: Are you heating things? (Biological risks: Are you working with m Sharps risks: Are you cutting things, and Electrical risks: Are you using mains (24 you use a battery instead? *Only batter Radiation risks: Does your entry use pot Other hazards. | nicro-organisms such as mould and bacteria? d is there a risk of injury from sharp objects? O volt) electricity? How will you make sure that this is safe? Could ries can be used for Models & Inventions entries tentially harmful radiation such as UV or lasers? subjects in an investigation you must get them to sign a note |
| Risks | How I will control / manage the risk |
| | |
| (Attach another sheet if needed.) | |
| Risk Assessment indicate | es that this activity can be safely carried out |
| | ent name(s)): |
| | |
| \square By ticking this box, I/we state that my | y/our project adheres to the listed criteria for this Category. |
| TEACHED'S NAME: | |

SIGNATURE: _____ DATE: _____