

NATIONAL UNIVERSITY OF SINGAPORE

Activity-Based Risk Assessment Form										
Name of Department		Geogrpahy	Location of Lab		NIL					
Name of Laboratory		NIL	Name of PI		lecturer/staff name					
Name of Researcher/LO		TA/student name	Name of Activity/Experiment		field work location					
No	Description/Details of Steps in Activity	Hazards	Possible Accident / Ill Health & Persons-at-Risk	Existing Risk Control (Mitigation)	Severity	Likelihood (Probability)	Risk Level	Additional Risk Control	Person Responsible	By (Date)
1							0			
2							0			
3							0			
4							0			
5							0			
6							0			
7							0			
8							0			
9							0			
10							0			

Conducted By

Name **TA/student name**

Signature

Approved By

Name **lecturer/staff name**

Signature

Approval date

Next Revision date

(Maximum 3 years)