

# 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)