**Risk Assessment based on Risk Matrix**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk Assessment Form for Practicum | | | | | | | | | | | |
| Department / Facility: | | | | | Location/s of Lab/Room: | | | | | | |
| Name of Laboratory/Room: | | | | | Name of PI/Supervisor: | | | | | | |
| Name of Activity / Experiment: | | | | | | | | | | | |
| Reference (if applicable): | | | | | | | | | | | |
| **1. Hazard Identification** | | | | | **2. Risk Assessment** | | | | **3. Risk Control** | | |
| No. | Description / Details of Steps in Activity | Equipment Used | Hazardous Agents / Materials Used/ Hazards | Possible Accident / Ill Health & Person-at-Risk | Existing Risk Control | Severity | Likelihood (Probability) | Risk | Additional Risk Control | Person Responsible | Remarks |
|  | Travel to the site of field work at Bedok and Jurong East estates0 | NA | Traffic on the road | Road traffic accidents may injure interviewers | * Observe Highway Code for interviewer who drive * Practice road safety (e.g. do not jaywalk) | 3 | 1 | 3 |  |  |  |
| Weather | Interviewers may slip and fall on wet surfaces | * Check weather forecast beforehand * Bring along umbrellas * Do not run on wet surfaces | 1 | 2 | 2 |  |  |  |
| Risk of electrocution from lighting | Seek shelter if there is lightning | 3 | 1 | 3 |  |  |  |
| Neighbourhood | Killer litter may injure interviewers | Walk under shelter (awnings) as far as possible | 2 | 2 | 4 |  |  |  |
| Interviewers may contract dengue | * Avoid dengue clusters * Apply mosquitoe repellent | 3 | 1 | 3 |  |  |  |
| Interviewers may be injured in a fire | Know fire safety evacuation plan | 1 | 2 | 2 |  |  |  |
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| **Likelihood**  **Severity** | **Very Likely**  **(3)** | **Possible**  **(2)** | **Unlikely**  **(1)** | **Risk** | **Decision Process** |
| **Low**  **(1)** | **3** | **2** | **1** | **<3** | **Risk Acceptable** |
| **Medium**  **(2)** | **6** | **4** | **2** | **3,4** | **Consider appropriate risk control measure/s** |
| **High**  **(3)** | **9** | **6** | **3** | **>4** | **Risk control measure/s a requirement** |

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| **Conducted By** |  |  | **Approved By** |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | Name |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Prepared by: |  |  | Signature |  |  |  |  |
| PI /Supervisor Signature: |  |  |  |  |  |  |  |
| Date: |  |  | Approval date |  |  | Next Revision date |  |