## University of Leeds - Faculty of Biological Sciences RISK ASSESSMENT FORM

RISK ASSESSMENT DETAILS		DEGREE OF RISK RATING MATRIX			X				
School Biology Building Miall  Risk Assessment Title	Snakes, slugs & spiders	LIKELIHOO  5 Inevitable 4 Highly Like		doo	1 1	2	3 3	4	5 5
Risk Assessment Log Reference  Date	04/03/13	3 Possible 2 Unlikely 1 Remote Po			2 2 3 3 4 4 5 5	8 6	6 9 12 15	8 16 16 20	10 15 20 25
Name of Assessors  Manager Responsible	Henry Greathead  Henry Greathead	SEVERITY	Y (S)		DED	SONS	ATE	olek	
Details of Activity Leeds Festival of Science activity (KS2 carousel)  Other assessments which might also be required, ☐ if needed:  • Manual Handling ☐ REF  • COSHH ☐ REF  • Personal Protective Equipment (PPE) ☐ REF  • Noise ☐ REF  • Other ☐ REF		5 Very High - Deaths 4 High - Dea injury, pern disability 3 Moderate - over 3 days 2 Slight - Firs treatment 1 Nil - Very M	-Multiple th, serious nanent  RIDDOR s st Aid	PEF Emp Stud Clie Con Men Wor	RSON oloyee dents nts ntracto mbers	NS AT	RISK	;	
REVIEW DAT	ES	RISK RATING SCORE 1 - 4 5 - 9 10 - 15 16 - 25	Broadly Accep Moderate - Re High Risk - Pri Unacceptable IMMEDIATEL	table - duce ris ority Ac	sks if r	tion req	bly pra dertake		ole

HAZARD AND RELATED ACTIVITIES  e.g. trip, falling objects, fire, explosion, noise, violence etc.	e.g. Employees, Customers, Contractors, Members of the public	POSSIE		e.g. Guards, S Authorised	e.g. Guards, Safe Systems of Work, Training, Instruction, Authorised Users, Competent Persons, Personal Protective Equipment (PPE)			SK TING TH RENT ROLS (S)	FURTHEI CONTROL REQUIREI	S RATING
Spider bites	Everyone involved in the activity	Painful swelling; allergic reaction		Spiders kept in specimen container Supervision (supervisor to pupil ratio 1:6)			1*3 = 3	1	No	n/a
Viewing specimens with microscope	Young people and visiting supervisors	Poking ey with microscol eyepiece	pe	Supervision (supervisor to pupil ratio 1:6)			3*1 = 3	3	No	n/a
MANAGEI	MANAGEMENT AGREED ACTIONED BY ACTION COMPLETE					OMPLETE				
_	NAL CONTRO ES REQUIREI		P	OSITION	NAME	DATE		MAN	AGER SIG	DATE

COMMUNICATION OF RISK ASSESSMENT FINDINGS TO STAFF					
REFERENCE OF	METHOD	YES	DATE	COMMENTS	
FORMAL	Copy of risk assessment issued to staff				
COMMUNICATION TO	Controls covered in team procedure				
STAFF	issued to staff				
	Other -				
ADDITIONAL	Induction				
METHODS OF	Toolbox Talk				
COMMUNICATION	Team Meeting				
	E-mail circulation				
	Other -				

COMMENTS AND INFORMATION  (Use this section to record any dynamic risk assessment comments and information)				

Do additional controls adequately lower high risk activities to an	YES	SIGNATURE OF MANAGER "The risks identified in this assessment are controlled so far as is reasonably practicable"				
acceptable level?	If NO explain in comments box above	Signature:	Date: 27 <sup>th</sup> January, 2020			

DATE OF REASSESSMENT (Every two years minimum)	ARE THERE ANY CHANGES TO THE ACTIVITY SINCE THE LAST ASSESSMENT?	SIGNATURE OF MANAGER
January 2022		

LOCATION OF CURRENT SIGNED RISK ASSESSMENT	
	Electronic – STEM@Leeds Team