



This template can be used for regular operations in the lab, reorganizations and reconstructions. This template does not cover risk assessment in case of risk to exposure to chemicals and biological substances or in case of pregnancy/nursey. Please use designated risk assessment templates for these cases.

Risk assessment MBW-number: <i>(record number provided by the administration. Needed for reconstructions and reorganizations)</i>	
Risk assessment name: <i>(Describing name given by the risk assessment participants)</i>	
Date: Premises:	Participants: Group leader: Employee(s) who participate in the risk assessment: Safety representative: Others:

Factor assessment factors for		
Physical/technical [] (premises, tools and equipment, ergonomic, stick/burn injury, heavy/static lifting, noise, etc)	Work organization [] (how the work is set up, controlled, content and composition of tasks, instructions, work routines and training, etc)	Psychosocial work environment [] (work load, time pressure, solitary work, collaboration, social support, influence on own work, responsibility, discrimination, etc)

Description of the activity, premises, risks, expected positive and negative effects, etc.



Background – Attached documentation when relevant:

Method description, proposal, financial documentation, blue prints, etc.

Name of the document attached:

Name of the document attached:

Name of the document attached:

Risk assessment and action plan:

Fill in the Appendix 1 "Risk inventory, assessment and action plan"

Follow up and evaluation of the risk assessment:

The risk assessment needs to be revised regularly or when upon changes of work environment. This can for example be done by a targeted safety inspection or a work environment survey.

Date of the follow up:

How:

Who:

Employee has participated in the risk assessment and has been informed about the result and action plan.

Name/date: _____

Name/date: _____

Name/date: _____

Department head/group leader/employee/ responsible for the work environment has participated in the risk assessment:

Name/date: _____

Safety representative has participated in the risk assessment:

Name/date: _____



Stockholms
universitet

Stockholms
universitet

Stockholms
universitet