

## Hazard Register - for all hazards that have not been eliminated

Human Resources

Work Area: [Department of Geography](#)

Date identified	Event number (available from H&S)	Hazard description	Hazard location	Summary of Control to be applied	Is it a significant hazard? (Y/N)	Date last reviewed	Risk category rating (after controls)	Review frequency	Review completed (date and initial)	Date relevant staff briefed
16/02/09		Poor workstation set-up: e.g. OOS, eye strain	Offices	<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	Yes	Feb 09	Medium (6)	For all new staff	dd/mm/yy	dd/mm/yy
16/02/09		Manual handling: e.g. lifting & reaching to shelves/cupboards, lifting boxes etc.	Offices	<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	Yes	Feb 09	Low (4)	Yearly	dd/mm/yy	dd/mm/yy
16/02/09		Fire risk: e.g. excessive amounts of loose paperwork	Offices	<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	Yes	Feb 09	Medium (5)	Daily	dd/mm/yy	dd/mm/yy
16/02/09		Kitchen risks: e.g. cuts/burns from sharp knives & hot water	Common Rooms	<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	No	Feb 09	Low (3)	Yearly	dd/mm/yy	dd/mm/yy
16/02/09		Obstructions in stairways & corridors	Building	<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	No	Feb 09	Low (3)	Daily	dd/mm/yy	dd/mm/yy
16/02/09		Harassment from irate visitors/students	Offices	<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	No	Feb 09	Low (3)	Yearly	dd/mm/yy	dd/mm/yy
16/02/09		Slips, trips & falls: e.g. water on floor, loose carpet, cables across floor, climbing ladders, standing on glass top light table.	Building	<input checked="" type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input checked="" type="checkbox"/> Minimise	Yes	Feb 09	Low (3)	Daily	dd/mm/yy	dd/mm/yy
dd/mm/yy				<input type="checkbox"/> Eliminate <input type="checkbox"/> Isolate <input type="checkbox"/> Minimise	No	dd/mm/yy			dd/mm/yy	dd/mm/yy