UNIVERSITY OF CAMBRIDGE	Department:	Location:
	Date:	Assessment Reference:

RISK ASSESSMENT
Record of Individuals Carrying Out Procedure

Procedure Risk Assessed: .....

.....

.....

" I hereby acknowledge that I have read and understood the attached risk assessment and agree to abide by and implement the control measures therein when carrying out this procedure".

Name	Individuals signature	Date	Supervisors Signature*	Date

***** In signing the supervisor acknowledges that to the best of his knowledge the individual is suitably experienced , trained and / or supervised at an appropriate level to safely perform the procedure using the control measures identified in the attached risk assessment.

Review Risk ALL Assessments Annually.

Should the risk assessment be revised those persons still carrying out the procedure must sign an additional form for the revised risk assessment.