# Checklist for Discovery Year (Local) Risk Assessment Form (RAF)

Institute of Health Sciences – Occupational Safety, Health and Environmental Committee (IHS-OccSHE)

* Student name(s):
* No of students:
* Place of DY:

|  |  |
| --- | --- |
| **Documents** | **YES / Pending / Not Applicable** |
| 1. UBD Field Trip or Study Forms - (Activity-Based Risk assessment form)
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| 1. Safety Management Plan form
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| 1. Offer Letter from the DY setting to where you are going
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| 1. UBD Offer & Verification Letter
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| 1. Please list the files attached below:

A) B) C) D) E) F)  |  |