# Checklist for Event (Local) Risk Assessment Form (RAF)

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

* Student name(s):
* No of students:
* Venue for event:
* Proposed Date:
* Programme Coordinator:

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| **Documents** | **YES / Pending / Not Applicable** |
| 1. UBD Field Trip or Study Forms (Activity-Based Risk assessment form)

***(Event outside UBD, MUST include Safety Management Plan, Indemnity from, Medical Insurance, Parental Consent)*** |  |
| 1. Summary of event proposal
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| 1. Permission letter from UBD register/IHS Assistant Registra
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| 1. Please list the files attached below:

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