# 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 |  |
| 1. Permission letter from UBD register/IHS Assistant Registra |  |
| 1. Please list the files attached below:   A)  B)  C)  D)  E) |  |