

OBJECT RISK ASSESSMENT FORM

OBJECT / COLLECTION:

OBJECT NUMBER:

RECORDED LOCATION:

FOUND LOCATION:

DATE:

HAZARDS:

Circle as appropriate

Flood from sewage

Flood from drains

Flood from river

Flood from other (specify):

Chemicals (specify if known):

Poison (specify if known):

Fire

Smoke

Sharp objects

Other breakage (specify):

Heavy weight

Electrical danger

Other (specify below):

RISK ASSESSED BY:

DATE: