



# RISK ASSESSMENT FORM

The Texas A&M University System

System Risk Management

301 Tarrow Street, 5th Floor

College Station, Texas 77840-7896

(979) 458-6330 Phone (979) 458-6247 Fax <http://tamus.edu> Web

System Member: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Concerns  
(Liability, Property, etc.): \_\_\_\_\_

Attached Detailed Information of Concerns:(Check below if applicable)

- |                          |                          |                          |                      |
|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Contract/Lease Agreement | <input type="checkbox"/> | Housing              |
| <input type="checkbox"/> | Activity                 | <input type="checkbox"/> | Security             |
| <input type="checkbox"/> | Premises                 | <input type="checkbox"/> | Attendance           |
| <input type="checkbox"/> | Sponsor                  | <input type="checkbox"/> | Age of Participants  |
| <input type="checkbox"/> | Supervision              | <input type="checkbox"/> | Alcohol              |
| <input type="checkbox"/> | Transportation           | <input type="checkbox"/> | Inherently Dangerous |
| <input type="checkbox"/> | Other _____              |                          |                      |

**DETAILED** Description of Operations/Event/Activity: *(Please use additional sheets if needed)*

Attachments:*(Photographs maybe requested for insuring of property and/or equipment)*

- |                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Copy of Contract/Agreement    |
| <input type="checkbox"/> | Other Pertinent Details _____ |

Insurance Liaison Signature

Date

For Internal Use Only: ACTION/RECOMMENDATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_