



RISK ASSESSMENT FORM
TEXAS A&M INTERNATIONAL UNIVERSITY
 Environmental Health & Safety (EH&S)
 5201 University Boulevard
 Laredo, Texas 78041

(956) 326-2194 Phone (956) 326-2324 Fax safety@tamiu.edu Email

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)**

- Copy of Contract/Agreement
 Other Pertinent Details _____

Insurance Liaison Signature **Date**

For Internal Use Only: ACTION/RECOMMENDATION

