



# RISK ASSESSMENT FORM

The Texas A&M University System

System Risk Management

200 Technology Way, Suite 1120

College Station, Texas 77845

(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**

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