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| **RISK ASSESSMENT**Please read guidelines prior to completing your Risk Assessment |
| **Building/Area/Activity being assessed:** | **Risk Assessment complete by:****Job Title:****Date of assessment: Date for review:** |
| **TASK or ACTIVITY** | **HAZARD** | **WHO MIGHT BE HARMED** | **RISK LEVEL**(Low/Med/High) | **CONTROL MEASURES CURRENTLY IN PLACE OR REQUIRED**(Add any other control measures/actions you feel are required) | **NEW RISK LEVEL**(Low/Med/High) |
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