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| **Assessment undertaken by:** | **(name)** |
| **Signed:** |  |
| **Date:** |  |
| **Assessment review date:** |  |

|  |  |
| --- | --- |
| **Risk Assessment for:** |  |
|  **Task:** |  |
| **Assessment ref. No.** |  |

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| --- | --- | --- | --- |
| **Hazard** | **Persons at Risk** | **Existing Controls** | **Action Needed** |
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I have read and understood the above risk assessment, and received appropriate relevant training:

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_