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| Risk assessment for: Conducted by: Date:  |
| Hazard | What could happen? | Who could be hurt? | Action taken to minimise risk |
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| Hazard | What could happen? | Who could be hurt? | Action taken to minimise risk |
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This risk assessment should be reviewed every ……………. months.

Date reviewed: Signature:

Date reviewed: Signature:

Date reviewed: Signature:

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Date reviewed: Signature: