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| **Date:** |  |  |  |  |  |  |  |
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| **Assessors Name:** |  | **Review Date:** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Description of assessment** |  |
|  |  |  |  |  |  |  |  |  |  |
| **Location Details** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing to control the risks?** | **What further action do you need to take to control the risks?** | **Who needs to carry out the action?** | **When is the action needed by?** | **Done** |
|
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