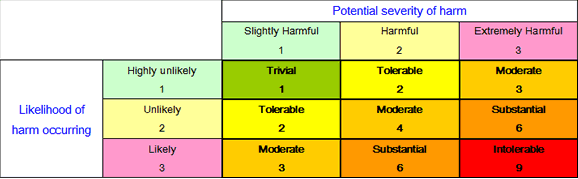
**Risk Assessment Template**

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| --- | --- | --- | --- | --- |
| Assessment No: | Location: | **Further assessments required:**  **(please attach as Appendix)**  Fire  COSHH  Manual Handling  Display Screen Equipment | **Persons involved in or affected by the task:**  Employees  Visitors  Funders  Members of the public  Participants  Others | **Special Groups: (Where additional assessments may be required)**  Nursing and Expectant Mothers  Young Persons  Disabled |
| Assessment Date: | Assessor's Name: |
| Individual/group:  (Give numbers) |  |
| Activity and Areas assessed: | |

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| --- | --- | --- | --- | --- | --- |
| **Key Staff:** | | | | | |
| **Hazards Identified** | **Potential severity of harm** | **Current Control Measures in Place** | **Likelihood of harm occurring** | **Score** | **Rating** |
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| Action required (note any temporary action / control measures required): | Action Review Date | | Action Completed (Name and title) / Date |
|  |  | |  |
| If any issues are outstanding from the 'Action Review' date, detail the reasons: | | | |
| Signature: | | Date: | |