**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:**EmployeesVisitorsFundersMembers of the publicParticipantsOthers | **Special Groups: (Where additional assessments may be required)** Nursing and Expectant MothersYoung PersonsDisabled |
| 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 |
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| If any issues are outstanding from the 'Action Review' date, detail the reasons: |
| Signature:  | Date: |