



Risk assessment form

Name of assessor		Date	
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Time		Work area	
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Task being assessed	
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What is the hazard?	Who might be harmed?	How might people be harmed?	Existing risk control measures	Risk rating			Additional controls	New risk rating (Residual)			Action/monitored by whom?	Action/monitored by when?
				L	C	R		L	C	R		



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Review date		Signature	
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Training Provider name	
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