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| **Location:** |  | **Date of Risk Assessment:** |  | **Completed by:** |  |
| **Identify Risks / Hazards** | **Assess the Risks and Potential Harm** | **Significant Risk?** | **Eliminate** | **Isolate** | **Minimise** | **Risk Controls**(including existing) | **Training or Information Required?** | **Regular checks of risk / hazard****controls in place** |
| **Yes** | **No** | **Date Checked** | **Date Checked** | **Date Checked** | **Date Checked** |
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