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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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