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|  | **F45-1: Risk Assessment Record** |  |

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| **Operations/Work Activities covered by this assessment:**  |  |
| **Site Address/Location:**  |  | **Department/Service/Team:** |  |
| **Assessment Date:** | Click or tap to enter a date. | **Lead Assessor:** |  |
| **Authorised By:** |  |
| **Who Might Be Affected** | Employee[ ]  | Contractor[ ]  | Visitor[ ]  | Pupil[ ]  | Client[ ]  | Member of Public/Third Party[ ]  |
| **Note:** A person specific assessment must be carried out for young persons, pregnant employees and nursing employees |

| Hazards Considered | How might they be Harmed | Current Control/Mitigation Measures: | Risk Rating  | Action Required/ Action No. |
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| Likelihood | Severity  | Risk Rating |
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| Additional Notes |
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| Control Improvements/Developments |
| Action No. | Recommended additional control measures | Responsibility | Target Date | Date Completed |
|  |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
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| Signature of Assessor:  | Date: |
| Signature of Person Authorising: | Date: |

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| Potential Severity of Harm | Major | **Medium** | **High** | **High** |
| Minor | **Low** | **Medium** | **High** |
| Negligible | **Low** | **Low** | **Medium** |
|  | Rare | Possible | Almost Certain |
| Likelihood of Harm Occurring |

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| **Definitions** |
| High | Take appropriate action within agreed period |
| Medium  | Monitor & Review Situation |
| Low  | No Action Required |

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| Reviews – this assessment should be reviewed at intervals no greater than 12 months or if there are changes to the procedures, personnel, work environment or following an incident |
| Review Date | Comments/Amendments | Reviewed By | Signature |  | Review Date | Comments/Amendments | Reviewed By | Signature |
| Click or tap to enter a date. |  |  |  | Click or tap to enter a date. |  |  |  |
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| The following table should be used for all staff to sign and date to confirm that the risk assessment has been read. |

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| Print Name | Signature | Date |  | Print Name | Signature | Date |
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