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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. |
| --- | --- | --- | --- | --- | --- | --- |
| 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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