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| **Department:** | **Service:** | **Reference:** |
| **Activity:** | **Site:** |
| **People at Risk:** | **Additional Information:** |
| **Name of Person Completing Form: Job Title: Date:** | **Review Date:** |

| **Hazard**  | **Risk** | **Initial Rating****L, M, H** | **Existing Control Measures** | **Final Rating****L, M, H** | **Additional Action Required** **(action by whom and completion date – use separate Action Plan if necessary)** |
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