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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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