**Company name: Date of risk assessment: Completed by:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Hazard identified** | **Who might be harmed and how?** | **What is already in place to prevent harm?** | **What further action is required?** | **Who is responsible for action?** | **When will action be completed?** | **Complete** |
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**Assessment review date:**