**Title**

|  |  |
| --- | --- |
| Location: |  |
| Assessor: |  |
| Employees at risk: |  |
| Other persons at risk: |  |

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| --- | --- | --- | --- | --- |
| Hazard | Pre-Control Risk Rating | Control Measures | Post Control Risk Ratings | Comments |
| L | S | Risk Score |  | L | S | Risk Score |
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| **The person signing this assessment must check the information above to ensure it is relevant to this operation on this site. Additionally, any additional controls measures deemed necessary must be included.** |
| **Signed Author** |  | **Date:** |
| **Singed Checked By** |  | **Date:** |

**Action Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard No.** | **Details of Action to be Taken** | **Action by who** | **Target Date** | **Completion Date** | **Signature** |
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