WI name: Assessment carried out by:

Type of meeting: Activity & date:

Date assessment was carried out: Date of next review:

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| --- | --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing to control the risks?** | **What further action do you need to take to control the risks?** | **Who needs to carry out the action?** | **When is the action needed by?** | **Done** |
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More information on managing risk: [www.hse.gov.uk/simple-health-safety/risk/](http://www.hse.gov.uk/simple-health-safety/risk/)