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| **Activity Title** |  | **Date** |  |
| **Assessor(s)** |  |  |  |

| **Hazard** | **Risk** | **Risk Group** | **CONTROL MEASURES****(Describe the existing workplace precautions and****risk control systems in place)** | **LIKELIHOOD** | **SEVERITY** | **RISK LEVEL** | **Are existing controls adequate** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Y** | **N\*** |
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\***\*** If the response is no, complete Risk Assessment Action Plan