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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number** | FS1xxx | **Assessment Title:** | 2019 – Work or Event ABCD | **Assessed Overall Risk Rating** | **LOW** | **MEDIUM** | **HIGH** |
| **Date** | ../../2019 | **Assessor Name:** | AN Other, Event Co-ordinator |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **What are the hazards** | **Who might be harmed and how?** | **Risk Score** | | | **What are you doing already?** | **Further action** |
| **L** | **S** | **RF** |
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| **Approved**  **By** | Signature: | Name: | Date: | Position: | Review |