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| **Activity:** | **Location:** | |
| **Activity dates: (one off event or continual/week day)** | **Who is at risk? (e.g., staff, volunteers, yp)** | |
| **Activity Leader** ……………..…………..…………..**Role:**……………….………………..............**Date:**……..…………  **Approved by**…………………………………………**Role:** …………………………………………**Date:** ……………… | | **Review Date:**…………..… |

**Risk Assessment**

| **Hazard** | **Risk**  *(what could happen?)* | **Rating**  **(Low, Medium, High,)** | **Preventative measures and additional action required (action by whom and completion date)** |
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