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|  | Risk assessment for:**[EVENT NAME HERE]** | Date: [DATE] |

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| PROCESS / ACTIVITY | LOCATION | **ASSESSMENT BY** | **DATE(S)** |
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| **PROCESSNO.** | **HAZARD AND EFFECT** | **PEOPLE AT RISK** | **HAZARDPOTENTIAL****(1,2 or 3)** | **LIKELIHOOD****OF OCCURRENCE****(1, 2 , or 3)** | RISK**RANKING** | **CONTROL MEASURES****(Procedures listed on p2)** | **RESIDUAL RISK****RANKING** |
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| **ADVICE TO PARTICIPANTS AND OPERATING PROCEDURES** |
| Before event |
| At venues |
| Prior to/during activities |

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| **ASSESSORS COMMENTS** |
|  |

Signed: ………………………………. Title: [**JOB TITLE]**………………………… Date: [**DATE]**………….