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| **Activity assessed** |  | | |
| **Contract name** |  | | |
| **Contract address** |  | | |
| **Contract start date** |  | | |
| **Assessment completed by** |  | **Assessor’s signature** |  |
| **Risk assessment date** |  | **Next review date** |  |

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| **Groups affected (mark as appropriate)** | | | | | | | | | | |
| Icon  Description automatically generated  Staff | Icon  Description automatically generated  Subcontractors | | Icon  Description automatically generated  Other Contractors | Icon  Description automatically generated  The Public | Icon  Description automatically generated  Customers | Icon  Description automatically generated  Young worker | Others (please specify) |  | | |
|  |  | |  |  |  |  |
|  | | | | | | | | **Risk Ranking (see key)** | | |
| **Hazard identified** | | **Control measures to reduce risk** | | | | | | **L** | **I** | **RR** |
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| **PPE requirements (mark as appropriate)** | | | | | | | | |
| Icon  Description automatically generated  Helmet | Icon  Description automatically generated  Ear defenders | Icon  Description automatically generated  Footwear | Icon  Description automatically generated  Gloves | Icon  Description automatically generated  Googles | Icon  Description automatically generated  Overalls | Icon  Description automatically generated  Respiratory | Icon  Description automatically generated  Harness | Icon  Description automatically generated  Face protection |
|  |  |  |  |  |  |  |  |  |
| **Others (please specify)** | | |  | | | | | |

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| **Additional Comments** | | | | | | | | | |
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|  | | **Risk Ranking Key**  Impact (I) | | | | |  |  |
| 1 - Slight | 2 -Small | 3 -Moderate | 4 - Significant | 5 - Severe |  | Risk Ranking Key |
| Likelihood (L) | 5 – Certain | 5 | 10 | 15 | 20 | 25 | 1 – 4 Low |
| 4 - Highly Likely | 4 | 8 | 12 | 16 | 20 | 5 – 9 Low Medium |
| 3 – Likely | 3 | 6 | 9 | 12 | 15 | 10 – 14 Medium |
| 2 – Unlikely | 2 | 4 | 6 | 8 | 10 | 15 – 19 Medium High |
| 1 - Highly Unlikely | 1 | 2 | 3 | 4 | 5 | 20 – 25 High |

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| **Sign off sheet**  I have read and understood the entirety of this document. Where there was something, I did not fully understand, it was explained to my satisfaction. I agree to comply with the required directions and instructions in this document. If at any point, I cannot comply I will highlight this to my superior before continuing. | | |
| ***Name*** | ***Signature*** | ***Date*** |
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**Important information – PLEASE READ BEFORE SUBMITTING**

The following page should be removed before any submissions to third parties as it acts as instructions for use and further information intended for you.

The above template has been created for you to use and apply to your tasks and situations. Before use, you should ensure that a competent individual has adequately assessed any additional risks which may be present during your works.

As a best practice, a safe system of work (or method statement) for the task assessed should also be produced highlighting a systematic approach to how the work will be done safely.

Should the task assessed involve any substances deemed hazardous to health, a relevant COSHH assessment should be produced highlighting specific control measures for substances to be observed by affected parties.

**Creating additional rows for additional hazards**

Diagram, table

Description automatically generated

**For additional assistance and further template documentation:**

**www.safetyplace.co.uk.**