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| Assessment Reference | | | | | | | | |  | | | | | | | |
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| Activity assessed | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Person(s) who may be affected by the activity | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| SECTION A : Initial Assessment Overview | | | | | | | | | |
| *Consider the activity or work area and identify if any of the hazards listed below are significant.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Fall of person | | |  | 7 | Machinery | | | | |  | 13 | | Electricity | | | |  | 19 | Substances | | | |  | | 25 | | Drowning | |  |
| 2 | Fall of objects | | |  | 8 | Tools/Equipment | | | | |  | 14 | | Noise or Vibration | | | |  | 20 | High Pressure | | | |  | | 26 | | Psychological effects | |  |
| 3 | Tripping/Slipping | | |  | 9 | Mobile work equipment | | | | |  | 15 | | Hot / Cold Surfaces | | | |  | 21 | Fire/ explosion | | | |  | | 27 | | Infection | |  |
| 4 | Manual handling operations | | |  | 10 | Mechanical lifting equipment | | | | |  | 16 | | Workstation –  layout / space | | | |  | 22 | Lighting | | | |  | | 28 | | Violence | |  |
| 5 | Repetitive work | | |  | 11 | Display screen equipment | | | | |  | 17 | | Radiation | | | |  | 23 | Confined space | | | |  | | 29 | | Peripatetic / lone working | |  |
| 6 | Housekeeping / waste material | | |  | 12 | Sharp objects | | | | |  | 18 | | Temperature / weather | | | |  | 24 | Buildings & glazing | | | |  | | 30 | | Other(s) | |  |
|  | | | | | | | | | | | |  | |  | | | |  | | | | | | |
| SECTION B : Second Stage Assessment | | | | | | | | | |  | | | |  | | | | S = Severity | | | | | | |
| For each hazard identified in Section A complete Section B L = Likelihood | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazard  No. | | Hazard  Description | | | | | | EXISTING CONTROL MEASURES | | | | | | | | | | | | | | S | L | | | | RESIDUAL RISK | |
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| No. of Section B Continuation sheets used: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Assessor(s) | | |  | | | | | | | | | | | | | | Signed | | | |  | | | | | | | |
| Date of Assessment | | | |  | | | Revision No. | | | | | |  | | | |
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