**Risk Assessment Form **

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| **Event:** |
| Organiser and others involved: |
| Venue: |
| Date & Time of Event: |

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| **Hazard** | **Risk** | **Likelihood of Risk** (low/medium/high) | **Control Measure** |
| *Example: cable trailing across walkway* | *Risk of trip / fall leading to bruises / broken bones* | *Medium* | *Move cable or use a proper flex cover* |
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| **Hazard** | **Risk** | **Likelihood of Risk** (low/medium/high) | **Control Measure** |
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| **Hazard** | **Risk** | **Likelihood of Risk** (low/medium/high) | **Control Measure** |
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Risk Assessment done by: ……………………………………………..……………… Date: ………………..