**Blank Risk Assessment**

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| Event: Date: |
| Location: |
| Group: |
| Group Leader: |
| Contact: |
| Address: |
| Phone: |
| Email: |

**Risk Assessment Form**

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| --- | --- | --- | --- | --- |
| **Activity** | **Possible risk** | **Prevention** | **Action to be taken to reduce risk** | **Responsibility** |
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| **Completed by:** |
| **Signed:** |
| **Date:** |