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| **Project Name:** |  | **Project Dates & Duration:** |  |
| **Location:** |  | **Date of Risk Assessment:** |  | **Completed by:** |  |
| **Identify Risks / Hazards** | **Assess the Risks and Potential Harm** | **Significant Risk?** | **Eliminate** | **Isolate** | **Minimise** | **Risk Controls**(including existing) | **Training or Information Required?** | **Regular checks of risk / hazard****controls in place** |
| **Yes** | **No** | **Date Checked** | **Date Checked** | **Date Checked** | **Date Checked** |
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**Personnel**

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| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Date Site Induction Completed** | **Training Required** | **Signed by employee, contractor or volunteer** |
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**Note:** Retain a completed copy of this document with Health & Safety records for reviewing and audit purposes