# General Risk Assessment

**Task / activity or premises assessed**: **Location:**

**Name of assessor:** **Date of assessment:** **Review Date:**

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| Hazards and Effects | **Affecting Whom (staff / visitors / public / contractors)** | **Risk rating with no controls** | **Existing Controls (if any)** | **Residual risk rating (With existing controls)** | **Actions required where residual risk is still too high**  |
| Outline of activity/task: |
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| Hazards and Effects | **Affecting Whom (staff / visitors / public / contractors)** | **Risk rating with no controls** | **Existing Controls (if any)** | **Residual risk rating (With existing controls)** | **Actions required where residual risk is still too high**  |
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**Signature of Assessor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_