Risk Assessment for individual member of staff

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| Assessment conducted by: | Job title: | Who are covered by this assessment: |
| Staff member’s name: | Job title: |  |
| Date of assessment: | Review interval: | Date of next review: |

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| **Concern:** | | | | | | | | |
| **All hazards should be entered below** | | | | | | | | |
| **What are the hazards?** | **Who might be harmed & how?** | **Controls: What will you be doing already?** |  |  |  | **What further action is necessary?** | **Actions: Who/When** | **Done?** |
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High/Unacceptable Medium/Further controls required Low/Adequately controlled