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