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| ASSESSMENT TEAM: | TIME: | DATE: |
| SITE NAME: | WORK AREA / EQUPEMENT: |
| RISK ID: | RISK ASSESSED BEFORE? | LAST RISK RATING (RPN): | REFERENCE NUMBER: |

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| Activity Description | Hazard / Effect | Persons at Risk | Existing Controls | Risk RatingLOxDPHxFExNP=RPN | Adequate Existing Controls? (Yes/No) | Proposed Control Measures | Who? | When? |
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