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| **Risk Assessment** | | | | |
| COVID Transmission whilst at work – remember to consider the risk of transmitting/being infected by COVID-19 as part of your assessment | | | | |
| **Young Persons Risk Assessment:** | | **Date of Assessment:** | | |
| **Location:** | | **Department:** | | |
| **Assessor:** | | **Department Representative:** | | |
| **Activity (please give precise details)** | **Risk from Activity** | | **Controls** | |
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| Overall Risk Assessment | | | | |
| HOD Signature | | | | Date |

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