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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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