**RISK ASSESSMENT**

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| **Event name:**  | **Name of person responsible:**  |
| **Location:**  | **Date:**  |
| **Description of work:**  | **Signed:** |
| **Start date:**  |
| **End date:**  |

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| **Activity/Hazard** | **Identified at risk (people/priority etc)** | **Risk Rating (H/M/L)** | **Existing Controls** | **Additional Controls Identified as necessary to manage risk** | **Action by** | **By When** |
| *Example: Food and**drink* | *Example: All on site**Significant/minor illness from poor food hygiene practices* | *M* | *Example: All food to be monitored and kept at optimum temperature controls.**All staff to be briefed on food hygiene practices in accordance to RAMS.**All food to be removed at the end of the day and not sold the following day* | *Example: Liaise with the on-site food safety officer if unsure of anything* | *Example: Stall manager* | *Example: Throughout* |
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