**UNIVERSITY OF HUDDERSFIELD - GENERAL HEALTH AND SAFETY RISK ASSESSMENT FORM**

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| **Activity** |  | **School/Service** |  |

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| **Location** |  |

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| **Assessment by** |  | **Assessment date** |  | **Review date** |  |

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| **Hazards identified** | **People at risk** | **Risks to health and safety** | **Health and safety risk management and control measures in place** | **Further actions/control measures required to address the risks** (if no actions required, please state this) | **Action owner and scheduled completion date** | **Action complete and date confirmed** |
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