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| **Youth Cymru Logo NEW JPEG** | **RISK ASSESSMENT FORM** |  |
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|  | | | **ACTIVITY:** | | | | | **Activity Leader:** | | |
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|  | | | **Assessment by:** | | | | **Date:** | **Target Date for review:** | | |
| **Approved by:** | | | |  | | **Position:** | | **Date:** | | |
| **Significant Hazards and Associated Risks**  Those hazards which may result in serious harm or affect several people | | **Those who might be harmed**  Persons at risk from the significant hazards identified | | **Initial Risk Rating**  **(H/M/L** | | **Control Measures(CM’s):**  Controls, including relevant sources of guidance  (e.g. Generic Risk Assessment, CSF Offsite Visits Manual, Guidance from Provider, etc.). Specific CM’s not included in the generic RA (e.g. briefings, actions by leaders / participants, qualifications / experience of supervisors) | | **Additional CM’s required?**  If existing CM’s cannot be met or circumstances have changed | | **Residual Risk Rating**  (**H / M / L**) |
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|  | | | **REVIEWS:** | | | | | | | |
| **DATE OF REVIEW** |  | | | | **REVIEWED BY:** | | | | **COMMENTS** | |
| **DATE OF REVIEW** |  | | | | **REVIEWED BY:** | | | | **COMMENTS** | |
| **DATE OF REVIEW** |  | | | | **REVIEWED BY:** | | | | **COMMENTS** | |