**LSE Risk Assessment Form**

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| **ACTIVITY:** | | | | | | **VENUE:** | | | | |
| **HAZARD & HARM** | **WHO MIGHT BE HARMED** | **CURRENT CONTROLS** | | **RISK LEVEL** | | | | **FURTHER ACTION REQUIRED** | **ACTION BY WHOM & WHEN** | **RESIDUAL RISK LEVEL AFTER ACTIONS (L) x (S)** |
| Likelihood (L) | Severity (S) | | Total (L x S) |
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| ASSMT UNDERTAKEN BY: | | | SIGNATURE: | | | | | | DATE: | |
| ASSMT REVIEW DATE | | | | | | | | | | |