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| --- | --- |
| **Society name:** |  |
| **Event date and time:**  **(dd/mm/yy mm:hh – mm:hh)** |  |
| **Is it a recurring event?** |  |
| **Assessment date/ time:** |  |
| **Location:** |  |
| **Event description:** |  |

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| --- | --- | --- | --- | --- | --- |
| **What are the hazards/Risks?** | **Who might be harmed and how?** | **What are you already doing?** | **What further action is necessary?** | | |
| **Do you need to do anything else to manage this risk?** | **By Whom** | **When** |
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