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| **Inclusion Risk Assessment Keeping me Safe** | | | | | | | | |
| **Name:** | | | **DOB:** | | | | |  |
| **Setting:** | | | **Date of Assessment:** | | | | | **Review Date:** |
| **What are the hazards?** | | **What precautions are already in place?** | | **What is the risk?** | **Risk rating**  **High**  **Medium**  **Low** | | **What further actions are necessary?** | |
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| **Supporting notes:** | | | | | | | | |
| **Name of Assessor:** |  | | | | | **Date:** |  | |
| **Manager Signature:** |  | | | | | **Date:** |  | |