**PUPIL RISK AUDIT**

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| --- | --- |
| **Pupils Name:** |  |
| **DOB:** |  |
| **Audit compiled by:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Hazard / Risk** | **Person (s) Affected** | **What happened (including when, where and time of day)** | **Category of Risk** | | |
|  | **M P B** | | |
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**CATEGORY OF RISK: Medical (M) Physical (P) Behavioural (B)**

**All risks should be identified in Pupil Specific Risk Assessment (s)**