# Med Form 6: Blank Risk Assessment

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| **Purpose of Risk Assessment and Date** |  |  |
| **Risk Assessment Written By:** |  |
| **Other individuals involved in Risk Assessment:** |  |

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| **Hazard / Risk** | **Medication / Procedure / Objective** | **Person/s Affected** | **Risk level before controls are in place** | **Control Measures** | **Risk level with controls in place** |
|  |  |  | **L** | **M** | **H** |  | **L** | **M** | **H** |
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 **Review termly or when required**