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| **Company name:**  **Department:** | **Date assessment made:** **Date discussed with employees:** |

| **Step 1 Substance** | **Step 2** | **Step 3** | | | **Step 4 Action** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **What’s the hazard?** | **What harm, and who?** | **What are you doing already?** | | **What improvements do you need?** | **Who** | **When** | **Check** |
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| **Also:** | | **Action taken** | | **Action needed** | **Who** | **When** | **Check** |
| Thorough examination & test - COSHH | |  | |  |  |  |  |
| Supervision | |  | |  |  |  |  |
| Instruction and training | |  | |  |  |  |  |
| Emergency plans | |  | |  |  |  |  |
| Health surveillance | |  | |  |  |  |  |
| Monitoring |  |  | |  |  |  |  |
| **Step 5 Review date**: | | |  | | | | |
| **Other hazards needing attention**: | | | | | | | |