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

| **Step 1Substance** | **Step 2** | **Step 3** | **Step 4Action** |
| --- | --- | --- | --- |
| **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 5Review date**: |  |
| **Other hazards needing attention**:  |