




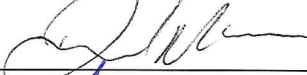








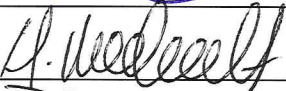




Area of Activity	First Aid in the work place
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Ref No	RA003	Date	25/09/2023	Rev	1
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PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS FORM

I acknowledge that I have read and understood the Risk Assessment/s associated with this task/event/equipment etc.

Print Name	Signature	Date
A DAVISON		30/9/23
S. COUPLAND		30-9-23
S. LINCE		30-9-23
D. RICHARDS		30-9-23
IONEZ SOBREA		30.09.2023
DANIEL McANN		30/9/23
MIKE ARKER		30-9-23
L. BRUFF		30-9-23
S RATCHIFF		30 10/9/23
M. DAVISON		30/09/23
L. Bullock		30/9/23
J. Paul		30/9/23
C. HARRISON		30/9/23
L. PAYNE		30/9/23
H. Medcalf		30/9/23
D. Bullock		30-9-23
I. BROWN		25.10.23
B. Mulhroe		04.11.23