
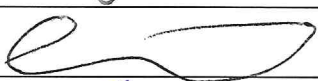
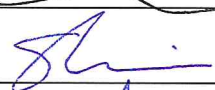
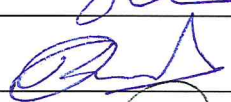

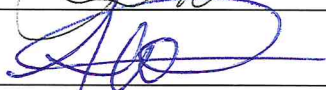
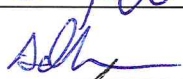
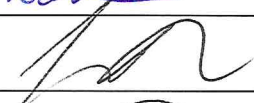
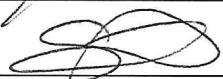
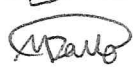

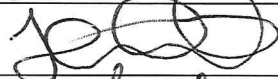
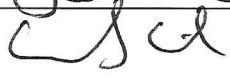
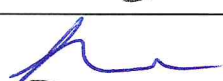

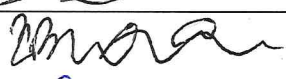



Area of Activity	Slips and trips
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Ref No	RA021	Date	120/09/2023	Rev	1
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## PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS FORM

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		30/09/23
S. COLEMAN		30-9-23
S. Lince		30-9-23
D. Richards		30-9-23
DANIEL McEANN		30.09.2023
MIKE ARKIE		30/9/23
IONEL DOBREA		30.09.2023
L. Macafer		30-9-23
S. RATCLIFF		30/09/23
M. Davison		30/09/23
L. Bullock		30/9/23
J. Paul		30/9/23
C. Hamilton		30/9/2023
L. Payne		30/9/23
D. Bullock		30-9-23
I. BROWN		25.10.23
B. Mulhorne		09.11.23