








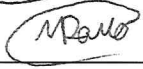



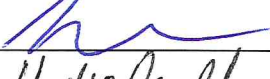
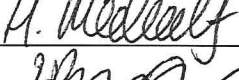
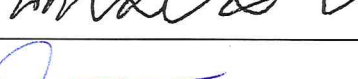


Area of Activity	Noise
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Ref No	RA009	Date	29/09/2023	Rev	1
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PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS FORM

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
Si. Courand		30-9-23
S. Lince		30-9-23
D. Richards		30-9-23
IONEL DOBREA		30.09.2023
DANIEL MCCANN		30/9/23
MIKE AARIE		30-9-23
L. ZARICK		30 9-23
S. RATCHIFF		30/09/23
M. Davison		30/09/23
L. Bullock		30/9/23
J. Paul		30/9/23
L. Harrington		30/9/2023
L. Payne		30/9/2023
H. Medcalf		30/9/23
I. Brown		25.10.23

B. Mulhore



09.11.23