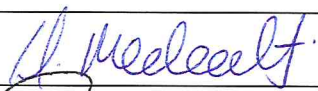
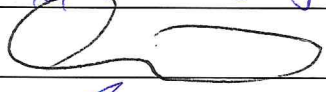



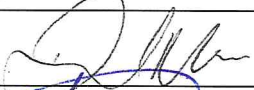
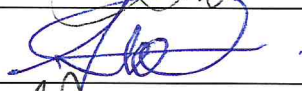

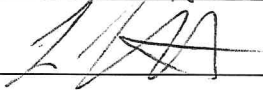


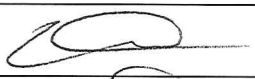



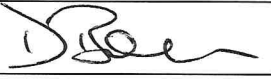
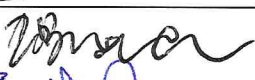



Area of Activity	Ladder – access equipment
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Ref No	RA001	Date	06/10/2023	Rev	1
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PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS FORM

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

Print Name	Signature	Date
Helen Medcalf		12/10/23
SI COUPLAND		12-10-23
S. Lince		12-10-23
D. Richards		12-10-23
IONEZ SOBREA		12.10.2023
DANIEL MCCANN		12/10/23
MIKE ARKUS		12-10-23
ANDREW DAVISON		12-10-23
	L. Bullock	12-10-23
S RATCLIFF		12/10/23
M. Davison		12/10/23
L. Bullock		12/10/23
J. Paul		12/10/23
L. Hamilton		12/10/2023
L. Payne		12/10/2023
D. Bullock		12-10-23
Z. Brown		25-10-23
Brian Mulhroe		29.11.23