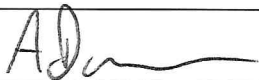




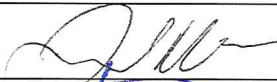





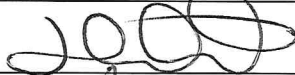



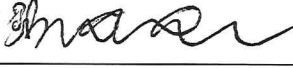



Area of Activity	Stress
------------------	--------

Ref No	RA022	Date	20/09/2023	Rev	1
--------	-------	------	------------	-----	---

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. COUPLAND		30-9-23
S. LANCE		30-9-23
D. RICHARDS		30-9-23
IONEL JOBREA		30.09.2023
DANIEL McEANN		30/9/23
MIKE ARKLES		30-9-23
L. PARKER		30/9/23.
SPATCHLIF		30/9/23
M. DAVISON		30/09/23
L. BULLOCK		30/9/23
J. PAIN		30/9/23
L. HAMILTON		30/9/2023
L. PAYNE		30/9/2023
D. BULLOCK		30-9-23
I. BROWN		25-10-23
B. MULHARE		09.11.23