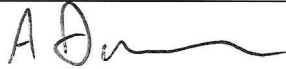



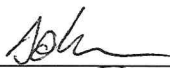


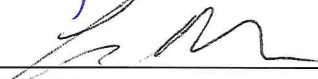
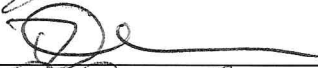







Area of Activity	Knives
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Ref No	RA019	Date	03/10/2023	Rev	1
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PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS FORM

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

Print Name	Signature	Date
A DAVISON		30/09/23
Si COUPLAND		30-9-23
S. Lince		30-9-23
D. RICHARDS		30-9-23
IONEL DOBREA		30.09.2023
DANIEL MCCANN		30/9/23
MIKE ARKIN		30-9-23
L. Brown		30-9-23
D. Bullock		30/9/23
P. Rye		30/9/23
J. PAUL		30/9/23
H. Medcalf		30/9/23
I. BROWN		25.10.23
B. Mulhroe		09.11.23