## **Risk Assessment Acknowledgment**



	Area of Activity	Compressed Air
Area	Area of Activity	Compressed Air

Ref No	RA015	Date	02/10/2023	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
Si Couplania		12-10-23
S. LINCE	34	12-10-23
D. RICHARDS		12-10-23
IONEL DOBREA	Sol	12.10.2023
DANIEL MEAN	Alle	12/10/23
MIKE ARKER	Alo.	12-10-23,
L Raice . At	MA	12-1077.
D. Bullock		12/10/23
P. Nje	V.2/	12/10/23
J. Paul	JQ )	12/10/23
2. BROWN	more	25.10.23
B. Mulhas	Z MQ	09/11.23
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