**HEMA Ireland Risk Assessment Template**

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| **Group:** |  | **Venue** |  |
| **Date Submitted:** |  |  |  |
| **Period covered:** |  |  |  |
| **First Aiders present:** |  |  |  |
| **First Aid Kit present:** |  |  |  |

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| **Brief Description of Activities Covered by this Risk Assessment** |
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| Copy submitted to HEMA Ireland: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed by Club Representative: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Activity** |  | **Comments** |  |
| **Risks** | **Unmitigated Risk** | **Mitigation** | **Mitigated Risk** | **Comments** |
| Sev | Prob | Risk | Sev | Prob | Risk |
| **General Exercise** |  |  |  |  |  |  |  |  |
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| **Activity** |  | **Comments** |  |
| **Risks** | **Unmitigated Risk** | **Mitigation** | **Mitigated Risk** | **Comments** |
| Sev | Prob | Risk | Sev | Prob | Risk |
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**Risk Values calculated using matrix below. Find the appropriate value for the severity and probability, and add them.**



**I have been made aware of the above risk assessment**

| Name | Date | Name | Date |
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**[Repeat page as necessary]**