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| **RISK ASSESSMENT : DATED...................****CLUB: ........................................ LEAGUE:......................................................****COVID-19 OFFICER:** |
| **What are the hazards**  | **Who might be harmed** | **Controls required** | **Additional Controls** | **Action by who?**  | **Action by when?** | **Date complete** |
|  |  |  |  |  |  |  |
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