**RISK ASSESSMENT FORM BNA2017 Company Stand Number**

**RA Undertaken By I confirm a copy of our H&S Policy Statement is available Signed**

**On-site H and S Manager or Rep Contact Tel No on Site**

**COMPLETED FORMS TO BE RETURNED TO** [caroline.griffiths@neurofest17.co.uk](mailto:caroline.griffiths@neurofest17.co.uk) **DEADLINE FOR COMPLETED FORMS FRIDAY 10TH FEBRUARY**

| **Hazard** | **Consequences and to whom** | **Risk Level (High, Medium or Low)** | **Action to Control** |
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