**General Transference of Risk Assessment Form**

Staff Member:                              Name of Assessor(s):

Date of Assessment:                             Job Type/Work Activity:

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| What are the Concerns? | Who might be at risk of harm and how?(Who is at special risk?) | What are you already doing?(Current control measures, including those for people at special risk) | What further action is necessary?(Further Control Measures) | Action by whom | Action by when | Done | Risk Factor taking all risks/controls into consideration |
| Likelihood | Severity | Risk Level |
|  Transference of Risk  |    |     |          |    |    |     |    |    |    |
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Control Measures Acceptable     Revision date: -

Signed off by:                                                   Date: