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| **HAZARD IDENTIFICATION FORM** | | | | | | | | | | | | |
| **Hazard** | **Significant** | | **Practicable to Eliminate** | | **Practicable to Isolate** | | **Practicable to Minimise** | | **Controls Required** | **Person Responsible** | **Date to be completed** | **Completed (Date and Initials)** |
|  | Y | N | Y | N | Y | N | Y | N |  |  |  |  |
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