Persons Affected By The Activity	2. What Hazards Have Been Identified?	3. Control Measures Already In Place	4. Further Control Measures Identified As Necessary	5. Action on measures listed in Col. 4		6. Work Completed Date And Signature
				Allocated to (Name)	For completion by (Date)	
* Employees * Contractors * Public * New & Expectant Mothers * Children * Young Persons * Other vulnerable people Delete inappropriate entries. Add any affected people not listed.	DECKING BOARDS NEED REPLACING 133-135 UPRIGHTS 116 - 118 UPRIGHTS UPRIGHT 147 - 30TH BOARD BOARD ½ WAY UP TOP UPRIGHT 92 BOARD NEEDS REPLACING BOARD CRACKED BY SKATING AREA BY CARPARK BOARD BROKEN TOP END			LES REDHORN AND TEAM	12TH JULY	

7. People allocated actions in col. 4 and target dates approved by Manager / Supervisor; Name; Signature;	8. Details Of Further Control Measures Required (Column 4) transferred to the Control Measures Action Record: YES / NO On Date: