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| MANUAL HANDLING RISK ASSESSMENTTo be completed by a group representative responsible for or based at the property | | | | | |
| **Group:** | | **Type of property:** | | | |
| **Address:** | | | | | |
| **Groups are requested to scan the document and either upload to the service bank/portal or email to the health and safety auditor on completion** | | | | | |
| **Risk highlighted by the assessment** | **Action needed** | | **Responsible person** | **Completion date** | **Sign when complete** |
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