

# SIGNIFICANT ASPECT EVALUATION FORM

Process Name: .....

No.	Identified Aspect	Severity of Consequence	Magnitude	Occurance	Controls ( Absence of)	Total Points	Significant	Legal Requirement	Interested Parties	Monitoring Required	EMS Programme Reference	Procedure Number
		( 1 = low , 5 = High)					( Y = Yes , N = No )					
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