

Name of Learner: \_\_\_\_\_

Date: \_\_\_\_\_

## Guess the Risk Answer Sheet

No	Answer	Mark
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
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19		
20		
N/A	Total Score:	