Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

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| **HAZARD ASSESSMENT FORM** | | | | | | | |
| **Date:** | | | **Location:** | | | |
| **Job / Task:** | | | | | | |
| **Completed By: (name and signature)** | | | | | | |
| **As the job progresses and the conditions change, new hazards need to be identified and eliminated or controlled.** | | | | **Priority:**  **A** – Controls must be put in place before work commences  **B –** Controls must be put in place within two days  **C** – Controls must be put in place within one week | | | |
| **Identified Hazard** | **Priority** | **Required Control** | | | **Person assigned responsible for control** | **Date control implemented** | |
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| **Identified Hazard** | **Priority** | **Required Action** | | | **Person assigned responsible for control** | **Date control implemented** | |
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**Signing this hazard assessment form indicates you have reviewed and understood all hazards and controls to be put in place:**

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**Signature of supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_