Hazard Assessment Form Sample

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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| Job / Position: | | | | | | Date Completed: |  |
| Completed By:  (Name and signature) | | | | | | Date Reviewed: |  |
| Tasks  (List **all** tasks/activities of the job/position) | Hazards  (List **all** existing and potential health and safety hazards) | Severity | Likelihood | Risk | Controls  (List the controls for each hazard:  Elimination, Engineering, Administrative, Personal Protective Equipment) | Person assigned responsible for control | Date control implemented |
| **S x L = R** | | |
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| Severity:  How serious could the consequences be?  **3** – It could kill you or cause a permanent disability, today or over time.  **2** – It could send you to the hospital.  **1** – It could make you uncomfortable. | Likelihood:  How likely is it going to happen?  **3** – It is highly likely.  **2** – It might happen.  **1** – It is unlikely. | Risk:  Calculate the risk of hazards to prioritize preventive actions.  Severity x Likelihood = Risk |