# **Hazard Assessment Form**

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| **HAZARD IDENTIFICATION SECTION A: COMPLETED BY EMPLOYEE** |
| **NAME:** | **DATE:** | **NAME OF SUPERVISOR:** |
| **LOCATION OF HAZARD (BUILDING, ROOM, AREA):** |  |
| **DESCRIPTION OF HAZARD/CONCERN:** |
| **SUGGESTION CORRECTIVE ACTION:** |
| **EMPLOYEE SIGNATURE:** |
| **HAZARD ASSESSMENT AND CONTROL** |
| **SECTION B: COMPLETED BY SUPERVISOR** |
| **Loss Potential if not corrected:****SEVERITY:**  SEVERE  SERIOUS MINIMAL | **PROBABILITY:**  HIGH  MEDIUM LOW |
| **ACTION PLAN TO CONTROL HAZARD: (include what, how, and who will implement the corrective actions):** |
| **SIGNATURE ONCE COMPLETE:** | **DATE:** |
| **FOLLOW UP** |
| **EMPLOYEE(S) ADVISED OF RESULT:**  **YES**  **NO** |
| **FURTHER ACTION REQUIRED? EXPLAIN WHAT AND BY WHOM:** |
| **Prepared by:** | **Date:** | **Signature:** |