# **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:** |