

FORMAL HAZARD ASSESSMENT

TASK:

DATE OF INITIAL ASSESSMENT:

ASSESSMENT PERFORMED BY:

REVIEW/REVISED BY:

DATE:

Likelihood	Severity		
	Low 1	Medium 2	High 3
Unlikely - 1	1	2	3
Might Happen - 2	2	4	6
Highly Likely - 3	3	6	9

STEPS (list the sequence of activities for this task)	HAZARDS (list all existing and potential health and safety hazards)	SEVERITY	LIKELIHOOD	RISK RATING	CONTROLS (list the controls for each hazard: Elimination, Engineering, Administrative, Personal Protective Equipment or Combination)	DATE (date control was put in place)
		S	X	L = R		
1	1					
	2					
	3					
	4					
	5					

STEPS		HAZARDS	S X L = R			CONTROLS	DATE
2	1						
	2						
	3						
	4						
	5						
3	1						
	2						
	3						
	4						
	5						
4	1						
	2						
	3						
	4						
	5						

STEPS		HAZARDS	S X L = R			CONTROLS	DATE
5	1						
	2						
	3						
	4						
	5						
6	1						
	2						
	3						
	4						
	5						
7	1						
	2						
	3						
	4						
	5						

STEPS		HAZARDS	S X L = R			CONTROLS	DATE
8		1					
		2					
		3					
		4					
		5					
9		1					
		2					
		3					
		4					
		5					
10		1					
		2					
		3					
		4					
		5					

	ACTION ITEMS (list any action items necessary as a result of an assessment. Keep action items on the assessment for at least 3 years following completion)	PERSON RESPONSIBLE	TARGET DATE	DATE COMPLETED	INITIAL
1					
2					
3					

This is a: Initial Assessment Annual Review Post-incident Review

Completed by:

_____ Name

_____ Signature

_____ Date Completed