



WORKPLACE HAZARD ASSESSMENT FORM

ITEM #	WORK Flow/Area	HAZARD CATEGORY (/)						IDENTIFIED HAZARDS	ASSESSMENT				TRAINING REQUIRED	CONTROLS IN PLACE		
		Physical	Chemical	Biological	Ergonomic	Environmental	Safety		Other	Severity (0-6)	Frequency (1-3)	Probability (.1 - .1)	Significance (0-10)	Y/N	Y/N	Y/N

LOCATION: _____

Completed By: _____

Date: _____