

## *Workplace Hazard Identification & Assessment*

Item #	Work Area or Process	Hazard Category						Identified Hazards	Assessment (no zeros)				Total Risk	Training Required	Controls in Place	Person in Charge
		Physical	Chemical	Biological	Ergonomic	Safety	Environment		Other	Severity (1-6)	Frequency (1-3)	Probability (1-6)		Significance (1-3)	Y/N	

Employer: \_\_\_\_\_ Workplace: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

In Attendance (JHSC or Saf. Rep.): \_\_\_\_\_  
Please Print Name Please Sign