

Hazard Assessment Form

Location/Operation: _____

Date: _____

Type of Hazard	Source of Hazard	Potential of Injury	Recommend PPE	Comments
Temperature Extremes		9 High 9 Med 9 Low		
Chemical Exposure		9 High 9 Med 9 Low		
Harmful Dusts		9 High 9 Med 9 Low		
Light Radiation		9 High 9 Med 9 Low		
Falling Objects		9 High 9 Med 9 Low		
Sharp Objects		9 High 9 Med 9 Low		
Nip Points		9 High 9 Med 9 Low		
Flying Objects		9 High 9 Med 9 Low		
Electrical		9 High 9 Med 9 Low		

Inspector: _____

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