

HAZARD ASSESSMENT FORM

Company Name:	Date:
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Worksite Location:

Conducted By:
(please print)

Hazard #	Status	What is the hazard?	Specific Location of Hazard

Corrective Action			Follow-Up	
Hazard #	Status	Recommended Action	Action Taken? By Whom?	Date/Time

Priority (Status) #1 Immense Danger #2 Serious #3 Minor #4 O.K. #5 Not Applicable