Hazard Assessment Form

Job Function:_____

Date completed: _____ Completed by: _____

Use this form to help you identify hazards in the workplace. The results will allow you to identify the administrative and engineering controls that should be implemented to reduce the hazard.

	Yes	No	N/A	Description of Hazard
Head: Can be caused by working with chemicals, working on energized equipment, exposure from falling materials from operations above, and equipment operation.				
Burn	☐	☐	☐	_____
Chemical	☐	☐	☐	_____
Electrical	☐	☐	☐	_____
Impact	☐	☐	☐	_____
Eyes/Face: Can be caused by airborne debris, chemicals, welding, and operating machinery.				
Chemicals	☐	☐	☐	_____
Dust	☐	☐	☐	_____
Impact	☐	☐	☐	_____
Light	☐	☐	☐	_____
Hands/Arms: Can be caused by handling abrasive materials, chemicals, hot work, and ergonomics.				
Burns	☐	☐	☐	_____
Chemicals	☐	☐	☐	_____
Cuts/abrasions	☐	☐	☐	_____
Punctures	☐	☐	☐	_____
Repetitive	☐	☐	☐	_____
Feet/Legs: Can be caused by material handling, tripping, stepping on objects, and chemicals.				
Compression	☐	☐	☐	_____
Impact	☐	☐	☐	_____
Puncture	☐	☐	☐	_____
Chemical	☐	☐	☐	_____