|  |  |
| --- | --- |
| Assessment Date |  |
| **Description of Risk/Hazard** |  |
| **Location of Risk/Hazard (Tick One)** | 🞎 Manual Handling 🞎 Plant & Equipment 🞎 Substance |
| Describe the Risk/Hazard & Potential Injuries |  |
|  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Severity (Place an “X” on the scale where appropriate) | | | | | | | | | | | |
|  | Minor | | Moderate | |  | | Serious | | Could be Fatal | |  |
|  | |  | |  | |  | |  | |  | |
| Frequency (Place an “X” on the scale where appropriate) | | | | | | | | | | | |
|  | Almost Impossible | | Could  Happen | |  | | Happened Before | | Always Present | |  |
|  | |  | |  | |  | |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment Date | 🞎 YES 🞎 NO (If NO, please fill out below) | | |
| **What must be done now to control it** |  | | |
| **Reported By** |  | **Signature** |  |
| **Reported To** |  | **Signature** |  |