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| **Task:** | **Assessment Date:** | **Revision #:** | **Original Assessment Date:** |  | **Risk = Severity X Likelihood** |
| **Applicable Departments:**  |  | **Severity** | **Likelihood** |
| **Hazard** **Assessment #:** | **Location(s):** |  |  **1 - Minor First Aid/Minor Damage** |  **1 - Unlikely** |
|  |  **2 - Medical Treatment/Major Damage** |  **2 - May Happen** |
| **This HA is:** [ ] **New ****Reason for Revision:** [ ]  **Incident** [ ]  **Change** [ ]  **Periodic** |  |  **3 - Lost Time or Fatality/ Catastrophic Damage** |  **3 - Highly Likely** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tools and Materials:** |  |  | ***Enter Rating*** | ***1, 2 = Low*** | **L** |
| **PPE Required:** |  |  | ***3, 4 = Medium*** | **M** |
| **Applicable OHS Legislation:** |  |  |  |  ***6, 9 = High*** | **H** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |
|  |  |  |  |  |  |  |  |  | **Health Risk Rating (L, M, H)** | **Safety Risk Rating (L, M, H)** |   |   |  |  |
| **Step #** | **Steps of Task** | **Existing and/or Potential HEALTH and/or SAFETY Hazards** | **Hazard Control(s): Engineered [E]****Administrative [A]****PPE[P]** |
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| **Sign Off** | **Name(s)** | **Title** | **Signature** | **Date** |
| **Analyzed By:** |  |  |  |  |
| **Reviewed By:** |  |  |  |  |
| **Notes/Additional Signatures:** |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Approved By:** |  |  |  |  |