|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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]** | | | |
|
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  | | | | |  | | |  |  |  | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sign Off** | | **Name(s)** | | | | **Title** | **Signature** | | | | | **Date** | | |
| **Analyzed By:** | |  | | | |  |  | | | | |  | | |
| **Reviewed By:** | |  | | | |  |  | | | | |  | | |
| **Notes/Additional Signatures:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Approved By:** | |  | | | |  |  | | | | |  | | |