

Hazard Assessment Form

Facility Name _____

Address _____

City _____ **State** _____ **Zip** _____

I, the undersigned, certify/attest the completion of a Hazard Assessment for the above named facility performed on _____. The assessment was completed as outlined in the policy for section 2.06 of the Custom Safety Program and included:

Basic Hazard Categories:

- | | |
|----------------------------|------------------------------|
| a. Impact | e. Heat |
| b. Penetration | f. Harmful Dust |
| c. Compression (roll-over) | g. Light (optical radiation) |
| d. Chemical | h. Pathogens* |

* Although hazards from bloodborne pathogens and airborne pathogens (i.e., TB) are covered by separate standards and guidelines, their potential was assessed as part of this survey to ensure that all hazards had been addressed.

Potential Sources of Hazards

- | | |
|---|-----------------------------------|
| a. Sources of Motion | g. Sources of Sharp Objects |
| b. Sources of High Temperatures | h. Electrical Hazards |
| c. Chemical Exposure | i. Layout of Facility |
| d. Sources of Harmful Dust | j. Sources of Rolling or Pinching |
| e. Sources of Light Radiation | k. Objects That Could Crush Feet |
| f. Sources of Falling or Dropping Objects | |

Name _____

Title _____ **Date of Completion** _____