

Company Name: \_\_\_\_\_

Workplace Address: \_\_\_\_\_  
\_\_\_\_\_

Work Area/Department: \_\_\_\_\_

Equipment Operated: \_\_\_\_\_

Job Task: \_\_\_\_\_

## JOB HAZARD ASSESSMENT 1

Date of Assessment: \_\_\_\_\_

Assessment Conducted By: \_\_\_\_\_

Assessment Approved By: \_\_\_\_\_

Assessment ID #: \_\_\_\_\_

Permit to work requirement: Yes \_\_\_ No \_\_\_

<b>Work Activity</b>  List the steps required to perform the activity in the sequence they are carried out	<b>Hazards Associated with Work Activity</b>  Against each step list the hazards that could cause injury or illness	<b>Control Methods and Recommended Actions</b>  List the control methods required to eliminate or minimize the risk of injury or illness	<b>Personal Protective Equipment</b>  Can hazard be eliminated without the use of PPE? If not, list PPE that will be utilized	<b>Training and Safety Communication</b>  List recommended or required training per the work activity and PPE in use
1				
2				
3				
4				
5				
6				
7				

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8					
9					
10					
11					
12					
13					
14					
15					
16					

**List All Physical Demands:**

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**List All Chemical Exposures:**

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**List All Recommended/Required Training:**

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**JOB HAZARD ASSESSMENT CERTIFICATION**

I, \_\_\_\_\_ (Print Name of Person performing this assessment), certify that this assessment is complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF PERSONAL PROTECTIVE EQUIPMENT**

I, \_\_\_\_\_ (Print Name of Department Head), assure the following:

\_\_\_\_\_ Appropriate PPE is available and maintained in good condition for the employees in my Department.

\_\_\_\_\_ All affected employees have been trained to know the following:

- a) What PPE is to be worn while performing hazardous tasks.
- b) The limitations of the PPE including its proper care, maintenance and useful life.
- c) How to properly wear and adjust the PPE required for the task.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_