

Hazard Identification and Control

Company: _____

Location: _____

Date of Assessment: _____

Completed By: _____

Fill in:

- Company
- Location & Date of Assessment
- Who completed the assessment

Hazard Identification			
Physical Hazards		Chemical Hazards	
Lifting and Handling Loads	<input type="checkbox"/>	Chemicals (identify types)	
Repetitive Motion	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Slipping and Tripping	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Moving Parts of Machinery	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Pressurized Systems	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Vehicles	<input type="checkbox"/>	Dusts	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Fumes (identify types)	
Electricity	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Temperatures	<input type="checkbox"/>	Mists & Vapors (identify types)	
Vibration	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Ionizing Radiation	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Workplace Violence	<input type="checkbox"/>	Type:	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>
Biological Hazards		Psychological Hazards	
Viruses	<input type="checkbox"/>	Working Conditions	<input type="checkbox"/>
Fungi (mould)	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>
Bacteria	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Blood and Bodily Fluids	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>
Sewage	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>
Other: specify	<input type="checkbox"/>	Other: specify	<input type="checkbox"/>

Check off all hazards or potential hazards at your workplace.

Add any additional identified hazards specific to your workplace.



SAFE
HOSPITALITY