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| **Job/Position/Work Type**: | **Location of Work:** | **Date:** Click here to enter a date. |
| **Assessment completed by**: | **Reviewed/Revised:** |
|

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| **Activity/Task**(List all tasks and activities of the job/work) | **Description of****Hazard**Note: There may be more than one hazard associated with an activity or task. | **Likelihood (L)** | **Severity (S)** | **Risk Total = (L\*S)** | **Rating (High, Moderate, Low)** | **Hierarchy of Hazard Controls**(OHS Code 2009, Part 2 section 9)**Elimination/Substitution (E/S)** ifthis not an option the following hierarchy of controls is to be followed:* **Engineering Controls (EC)**
* **Administrative Controls (AC)**
* **Personal Protective Equipment (PPE)**
 | High Risk Moderate Risk Low Risk  |
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(When describing the controls to reduce the risk associated with each hazard the above hierarchy must be followed, with personal protective equipment as the last means of control)

*By signing this form, you acknowledge that you understand the hazards and associated controls:*

Supervisor’s Name Supervisor’s Signature

|  |  |  |
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| **Worker Name** | **Signature** | **Date** |
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