

HAZARD IDENTIFICATION REPORT

OLDS COLLEGE

Department:

Date:

Assessor:

(to be revised at least annually & whenever there is a job task change or new equipment is obtained)

Job Task/Activity/ Equipment	Location/Work Area/Program Area	Hazard(s)	Control(s)	Risk Ranking (after control is established)	Action	Responsibility

Job Task/Activity/ Equipment	Location/Work Area/Program Area	Hazard(s)	Control(s)	Risk Ranking (after control is established)	Action	Responsibility

Completed by: _____
Employee Signature

Reviewed by: _____
Dean / Director Signature

Date: _____

Date: _____

*Note: The example provided may not be an exhaustive list of hazards or their controls.