

## WORK RISK ASSESSMENT

DATE: \_\_\_\_\_ TIME \_\_\_\_\_

Person Completing this Assessment: \_\_\_\_\_

### 1 WORK ACTIVITIES BEING PERFORMED:

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### 2 HAZARD:

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### 3 ACTION TAKEN:

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### 4 DIRECTIVE & TRAINING PROVIDED TO THE WORKER:

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\_\_\_\_\_  
Assessor (Print Name)

\_\_\_\_\_  
Signature

**\*Return to Supervisor Upon Completion**