

Sample Hazard Control Form

Hazard Control Form				
Company Name:				
Assessment Location(s):			Time/Date:	
Level of risk (circle one): Mild Moderate High/Intolerable				
Assessment completed by: Name: _____ Position: _____				
			FOLLOW-UP	
Hazard	Priority	Recommended Action & Completion Date	Action Taken Date/Time	By Whom
COPIES TO: (FOR ACTION)		(FOR INFORMATION):		
Manager's Signature:			Date:	

