**Certification of Hazard Assessment**

(Location)

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| **Supervisor** (print)**:**      | Assessment Date(s): |
| **Signature:**      | **Location(s) Covered:**      |

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| Hazards | **Task**(Hands-on work or within reach of potential hazards of described activity/items) | ****Minimum Requirements**** |
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| **Other Control Measures:** |       |
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| **Distribution:** |  |
|  | * Departmental PPE hazard assessment certification file ***and/or***
* Post in work area
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