**Certification of Hazard Assessment**

(Location)

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

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