Contractor Hazard Identification & Risk Assessment Form

Contra	actor Name							
Projec	t/Work Title							
Work	Location							
Date								
Asses	sment Team							
Haz	ard Identifi	ication &	Risk Asses	sment				
No.	Task/Activity	Hazard Identified	Risk (Describe Potential Injury/Damage)	Existing Controls	Risk Level	Further Action Required	Person Responsible	Date to be Completed
Revie	wed By	1		I		l		I
Revie	w Date							
Rema	rks							