

# Workstation Risk Assessment Form

## Organization & Assessor Information

Nonprofit Organization Name

Location / Workstation

Employee Name

Assessor Name

Date of Assessment

## Workstation Details

Type of Work Performed

Workstation Equipment (list)

## Risk Assessment

Hazard/Issue	Potential Harm	Likelihood (Low/Med/High)	Severity (Low/Med/High)	Controls/Actions

## Additional Notes

## Employee Comments

## Assessor Signature

Name

Date

