

# Occupational Exposure Risk Assessment Form

## Employee Information

Name

Employee ID

Department/Unit

Job Title

Assessment Date

## Exposure Details

Type of Hazard

Description of Exposure

Route of Exposure

Exposure Duration (hours)

Exposure Frequency

## Risk Evaluation

Risk Level

☐ Low ☐ Medium ☐ High

Contributing Risk Factors

Existing Controls

Recommended Additional Measures

# Assessment Review

Assessor Name

Assessor Title

Date of Review

Signature