## **Disability Workplace Accommodation Risk Assessment**

Employee Name							
Position/Job Title							
Department							
Assessor							
Assessment Date							
1. Description	n of Em	ployee	e's Con	ditior	1		
Disability/Condition a	nd Its Impac	t on Work					
2. Essential	Job Fun	ctions	;				
List Essential Functio	ns of the Em	ıployee‹	™s Role				
3. Accommod	dation N	Needs					
Identified Need/Barrier		Proposed Accommodation			Responsibility		Comments
4. Risk Asses	ssment						
Activity/Task	Potential Risk		Likelihood	Severi	ty	Mitigation Measures	

## 5. Summary & Recommendations

	A -4:			
Review Date/Foll	ow-up Actions			
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