# Job Risk Assessment

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| Organization Name |  | Department Name |  |
| Contact Name |  | Telephone Number |  |
| Nature of Business |  | Risk Assessment Date |  |

### Primary Hazards

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| --- | --- | --- |
|  | Persons at Risk |  |
| Risks |  | Risk Level |  |
| Existing Controls |  |
| Controls to Add |  | Legal Requirements |  |
|  | Persons at Risk |  |
| Risks |  | Risk Level |  |
| Existing Controls |  |
| Controls to Add |  | Legal Requirements |  |
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| --- | --- | --- |
|  | Persons at Risk |  |
| Risks |  | Risk Level |  |
| Existing Controls |  |
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|  | Persons at Risk |  |
| Risks |  | Risk Level |  |
| Existing Controls |  |
| Controls to Add |  | Legal Requirements |  |

\*If more significant hazards are found, please format them as above and attach them to this page.

Risk Assessor Comments

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Department Head Comments

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| Risk Assessor Signature |  | Date Review |  |
| Department Head Signature |  | Date Review |  |