



# Hazard Identification Form

WORK READY ESSENTIALS- Equipping Workers for Success

## HAZARD IDENTIFICATION FORM

Project/Site: \_\_\_\_\_

Date: \_\_\_\_\_

Reported By: \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Job/Task: \_\_\_\_\_

### Hazard Details

Describe the Hazard:

---

---

Type of Hazard: (Check all that apply)

- ☐ Slip/Trip/Fall
- ☐ Struck By (object, vehicle, equipment)
- ☐ Caught In/Between
- ☐ Electrical
- ☐ Chemical
- ☐ Fire/Explosion
- ☐ Environmental (heat, cold, noise)
- ☐ Machinery/Tools
- ☐ Ergonomic (lifting, repetitive motion)
- ☐ Other: \_\_\_\_\_

Location/Situation:

---

---

---

### Persons Potentially Affected

- ☐ Workers

Work Ready Essentials | Trusted by Safety Leaders Nationwide

One Box, Maximum Impact | [www.workreadyessentials.com](http://www.workreadyessentials.com)



# Hazard Identification Form

WORK READY ESSENTIALS- Equipping Workers for Success

- ☐ Supervisors
  - ☐ Subcontractors
  - ☐ Public/Visitors
  - ☐ Other: \_\_\_\_\_
- 

## Immediate Actions Taken

- ☐ Hazard isolated or marked
- ☐ Supervisor notified
- ☐ Temporary controls implemented
- ☐ Work stopped until safe
- ☐ Other: \_\_\_\_\_

Describe actions:

---

---

---

## Recommended Corrective Actions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Priority Level:

- ☐ Critical (Immediate Action Required)
  - ☐ High (Action within 24 hours)
  - ☐ Medium (Action within 3 days)
  - ☐ Low (Action within 1 week)
- 

## Follow-Up

Corrective Actions Assigned To: \_\_\_\_\_

Due Date: \_\_\_\_\_

Work Ready Essentials | Trusted by Safety Leaders Nationwide

One Box, Maximum Impact | [www.workreadyessentials.com](http://www.workreadyessentials.com)



# Hazard Identification Form

WORK READY ESSENTIALS- Equipping Workers for Success

Date Completed: \_\_\_\_\_

Signature/Verification: \_\_\_\_\_

Additional Notes/Comments

---

---