



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

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- 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: _____

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Date Completed: _____

Signature/Verification: _____

Additional Notes/Comments
