| **Site/ Facility** |  | ***Date:*** |  | **Completed by:** |  |
| --- | --- | --- | --- | --- | --- |
| **Department/ Unit:** |  | ***Revision #*** |  | **Consulted with:** |  |
| ***Severity*** | ***Probability*** | ***Frequency*** |
| ***1*** *Fatality or permanent total disability* | ***1*** *Likely to occur immediately* | ***1*** *> 75 % of day* |
| ***2*** *Lost time injury* | ***2*** *Probable in time* | ***2*** *50 % - 75% of day* |
| ***3*** *Reportable injury, no lost time* | ***3*** *Possible in time* | ***3*** *25 % - 50% of day* |
| ***4*** *Minor medical treatment* | ***4*** *Remotely possible* | ***4*** *< 25 % of day* |
| **Total of Severity, Frequency and Probability** |
| Total\* | 3 – 4 | 5 – 6 | 7 – 8 | 9 – 10 | 11 – 12 |
| Critical Rating\*\* | 1 | 2 | 3 | 4 | 5 |
| **Critical Tasks**(**Note:** Job title if task listed is for a specific position) | **POTENTIAL LOSS (Hazards)** | **Severity** | **Probability** | **Frequency** | **Total\*** | **Critical Rating\*\*** | **CONTROLS**(Training, PPE, procedures, Engineering, etc.) | **RECOMMENDED CONTROLS** ***(Note:*** *Checkmark if implemented)* |
| Insert Critical Task – Job title (if the task listed is for a specific job title. For example, Nurse, HCA, etc.) | * List the hazards in detail relating to this task. (Consider all types of hazards. Biological, chemical, Physical, MSI, etc.)
 |  |  |  |  |  | * List the controls for the hazards listed.
 | [ ] **Insert recommended controls. Checkmark if they have been implemented.**[ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  | [ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_[ ] \_\_\_\_\_\_\_\_\_\_\_ |
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