| **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.**  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | |  |  | |  | |  |  |  | | | | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | |  |  | |  | |  |  |  | | | | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | |  |  | |  | |  |  |  | | | | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | |  |  | |  | |  |  |  | | | | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ |
|  | | |  | |  |  | |  | |  |  |  | | | | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ : |
|  | | |  | |  |  | |  | |  |  |  | | | | \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_ |