**<Company Name> - FORMAL HAZARD ASSESSMENT**

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| **Task Assessed:**  **Positions Considered:** | | | | **Assessment Team:** *(needs to include affected employee)*  **Date:** | | | | | **FHA #:**  **Revision #:** |
| **Referenced Legislation:** | | | | | **Specialized PPE or Equipment:** | | | | |
| **Hazards Associated with Task** | **Severity** | **Probability** | **Priority** | **Existing Hazard Controls** | **Severity** | **Probability** | **Priority** | **Outstanding Implementation Assigned To** | **Expected Completion Date** |
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