**<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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