



# HAZARD ASSESSMENT FORM

**SG-06**

**CONFIDENTIAL**

Name of Group \_\_\_\_\_

Date of Hazard Assessment \_\_\_\_\_

Person completing the hazard assessment \_\_\_\_\_

Hazard	Who's at Risk	Likelihood of harm	Consequences	Controls Needed

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

