**[Farm Name] Hazard Assessment Report**

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| --- | --- |
| Name of person who reported hazard: Supervisor’s name:  | Date hazard observed: |
| Location: |
| **Description of hazard*** chemical, physical, ergonomic, biological, people, environment, materials, and tools/equipment.
* What could happen and how?
 |
| **Risk assessment**

|  |  |  |
| --- | --- | --- |
| rating number:  | Consequences |  |
| ExtremeDeath, permanent disability | MajorSerious bodily injury | ModerateMedical treatment and time away from work required | MinorFirst aid, no lost time |
| Likelihood |
| Very likely. Could happen frequently | 1 | 2 | 3 | 4 |
| Likely Could happen occasionally | 2 | 3 | 4 | 5 |
| Unlikely. Could happen, but rarely | 3 | 4 | 5 | 6 |
| Very unlikely. Could happen, but likely never will | 4 | 5 | 6 | 7 |
| Score | Rating | Action |  |
| 1,2,3 | High | Do something about this hazard immediately. |
| 4,5 | Moderate | Do something about this hazard as soon as possible. |
| 6,7 | Low | This hazard may not need immediate attention. |

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| Corrective action: |
| Comments: |
| Date(reviewed): | Owner’s/Supervisor Signature: |