**[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 | | |  | | Extreme  Death, permanent disability | Major  Serious bodily injury | Moderate  Medical treatment and time away from work required | Minor  First 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. | | | | | |
| Corrective action: | | |
| Comments: | | |
| Date(reviewed): | Owner’s/Supervisor Signature: | |