

Hazard and Risk Assessment Form - Corporate Groups
OFFICE WORKER ENVIRONMENT

Instructions: For each **Hazard** listed circle **Yes** if it applies to you, or **N/A** if it does not apply to you.

For Each Barrier listed circle **Yes** if you know how to apply it, or **No** if you do not know how to apply it.

Barriers are control measures that protect you from **Hazards**. If you select no for any barrier an action item needs to be created upon review by your Supervisor.

Name:				Job Title:			
Date:							
Hazard	Asbestos	Yes	N/A	Fire/Explosion	Yes	N/A	
Barriers	I have received Asbestos Awareness training	Yes	No	I know where the Fire Extinguisher is Available	Yes	No	
	All areas with Asbestos are marked with signs	Yes	No	I know the Evacuation Plan	Yes	No	
Comments:				Comments:			
Hazard	Biological	Yes	N/A	Heat/Cold	Yes	N/A	
Barriers	I have Reviewed the Suspicious Mail and Biological Agent Threat Procedure	Yes	No	Thermostatic controls operate properly	Yes	No	
	I have reviewed the Hantavirus Guidelines	Yes	No	Fans/Heaters available if needed.	Yes	No	
Comments:				Comments:			
Hazard	Chemicals	Yes	N/A	Fumes/Dust/Gas/Mists	Yes	N/A	
Barriers	I know how to access MSDS Sheets	Yes	No	I have requested air quality check if needed.	Yes	No	
Comments:				Comments:			
Hazard	Ergonomics	Yes	N/A	Human Factor Issues	Yes	N/A	
Barriers	I know the Annual Eye Examination Policy	Yes	No	Bomb Threat Card at desk	Yes	No	
	I recognize and report early warning signs of Carpal Tunnel (numbness, tingling, swelling, or weakness in the hand, wrist, or arm during work or while at home - particularly at night)	Yes	No	I have reviewed the Workplace Violence Standard	Yes	No	
	My Work Station Set-up is correct (proper footrest and document holder when appropriate, correct desk height, correct keyboard placement, anti-glare screen, proper headset)	Yes	No	I have reviewed the Respectful Workplace Policy	Yes	No	
	I have Proper Lighting in my work area	Yes	No	I know the EFAP contacts.	Yes	No	
	I know Proper Lifting Techniques	Yes	No	I know the procedure for Working Alone	Yes	No	
	Comments:				Comments:		
Hazard	Crushing/Pinch Points	Yes	N/A	Sharp/Protruding Objects	Yes	N/A	
Barriers	Proper Loading of Shelving and Filing Cabinets	Yes	No	The work area is kept free of this hazard (Housekeeping)	Yes	No	
	Equipment Safeguards (auto shut-off, guards)	Yes	No				
Comments:				Comments:			
Hazard	Electrical	Yes	N/A	Noise	Yes	N/A	
Barriers	Proper approved cords are used	Yes	No	Hearing Protection is available if necessary	Yes	No	
	Housekeeping cords are tidy, circuits are not overloaded	Yes	No	I know how to use Hearing Protection	Yes	No	
Comments:				Comments:			
Hazard	Falls from Heights	Yes	N/A	Slips, Trips, Falls	Yes	N/A	
Barriers	Are the ladders in good condition?	Yes	No	Adequate Lighting	Yes	No	
	Are any potential areas that a fall could happen marked with signs?	Yes	No	Cords Taped down	Yes	No	
				Filing Cabinet Drawers Closed	Yes	No	
				Housekeeping no tripping Hazards on floor	Yes	No	
				Warning Signs are present on wet floors	Yes	No	
Comments:				Comments:			
What are the Emergency Contact Numbers (ex: Building Security, Police, Fire):							