

HAZARD IDENTIFICATION REPORT

HAZARD IDENTIFICATION REPORT		
Name (Optional):	Date:	
Description of Hazard Identified (Attach supplementary info as required):		
Location of Hazard:		
Recommended Risk Control (Hazard Elimination/Reduction) Options:		
Comments:		
UGSO USE ONLY (Attach supplementary info as required):		
Date Received:	HAZID Number Assigned:	
Hazard Analysis Probability/Frequency	Consequence	Assessed Risk (Using the Risk Matrix)
<input type="checkbox"/> Improbable <input type="checkbox"/> Remote <input type="checkbox"/> Occasional <input type="checkbox"/> Probable <input type="checkbox"/> Frequent	<input type="checkbox"/> Negligible <input type="checkbox"/> Marginal <input type="checkbox"/> Significant <input type="checkbox"/> Critical <input type="checkbox"/> Catastrophic	<input type="checkbox"/> Acceptable <input type="checkbox"/> Acceptable – with-review <input type="checkbox"/> Undesirable <input type="checkbox"/> Unacceptable
UGSO Review (Initial/Date):	Safety Committee Review (Chair Initial/Date):	
Risk Control Measures Implemented (Type/Date/New Risk Assessment):		
Forwarded to Following OPIs for Info or Further Action:		Date Closed:
Distribution Action: _____ Information: _____ Supervisor: _____ B/WGSO: _____ UGSO: _____ B/W PMed Tech: _____		