APPENDIX A3

CERTIFICATION OF HAZARD ASSESSMENT

(Location)

Assessment Date(s):	**Department:**
Building:	**Room:**
Supervisor (print):	**Signature:**

Hazards	**Task:** hands-on work or being within reach[a] of potential hazards of described activity/items:	**Minimum Requirements**

OTHER CONTROL MEASURES: _____

_____

NOTES

Being within reach of potential hazards: "within reach" varies widely depending on scale and conditions of work and will be judged by affected staff in each room

DISTRIBUTION: Department PPE Assessment File
REM, CIVL
POST: Work Area