### CERTIFICATION OF HAZARD ASSESSMENT (Location)

|  |  |
| --- | --- |
| **Assessment Date(s):** | Department:AAE |
| **Building:****ARMS** | **Room:****3106-C** |
| **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 |  |