**COVID-19 HAZARD ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator: **Department/Division: Date:** | | |  |
| ***Job Task/Employee/Job Category:*** | | | |
| ***Check the appropriate box for each hazard:*** | ***Description of hazard(s):*** | ***Engineering/Administrative Controls/Safe Work Practices*** | ***PPE/Protective Resources*** |
| Very High |  |  |  |
| High |
| Medium |
| Lower |
| ***Job Task/Employee/Job Category:*** | | | |
| ***Check the appropriate box for each hazard:*** | ***Description of hazard(s):*** | ***Engineering/Administrative Controls/Safe Work Practices*** | ***PPE/Protective Resources*** |
| Very High |  |  |  |
| High |
| Medium |
| Lower |
| ***Job Task/Employee/Job Category:*** | | | |
| ***Check the appropriate box for each hazard:*** | ***Description of hazard(s):*** | ***Engineering/Administrative Controls/Safe Work Practices*** | ***PPE/Protective Resources*** |
| Very High |  |  |  |
| High |
| Medium |
| Lower |
| I certify that the above hazard assessment was performed to the best of my knowledge and ability, based on the hazards present on this date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(title) | | | |