HAZARD ASSESSMENT

		ΠΑΖΑ					
Date Assessed	Assessed By (Signature)	Process, Dept. or Equipment assessed	Hazard Type (IMP, PEN, COM, CHM, HT, HD, RD)	Body Part Impacted (Eye, Face, Hand, Foot,	Hazard Potential (High, Med., Low)	PPE Selected	Date Corrected
	Name / Job Title			Other)			
					+ +		
					+ +		
					1 1		

HAZARD ASSESSMENT

TIAZAND ASSESSIVIENT											
Date Assessed	Assessed By	Process, Dept.	Hazard Type	Body Part	Hazard Potential	PPE Selected	Date Corrected				
	(Signature)	or Equipment	(IMP, PEN,	Impacted	(High, Med., Low)						
		assessed	COM, CHM,	(Eye, Face,							
			HT, HD, RD)	Hand, Foot,							
	Name / Job Title			Other)							

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