



Town of Drayton Valley Hazard Assessment Form

Department:

Position:

Completed By:

Date:

Job/Task:	Probability	Severity	Frequency	Total	Existing Controls	Recommendations	Date Required	Person Responsible	Initial/Date When Complete
Hazards									

Probability - (1-3) with 3 most highly probable

Severity - (1-3) with 3 most serious

Frequency of Exposure - (1-3) 3 highest exposure

Total - total the 3 previous columns:

3 to 4 - **LOW** Priority

5 to 6 - **MEDIUM** Priority

7 to 9 - **HIGH** Priority