UNIVERSITY OF ROCHESTER
CERTIFICATION OF HAZARD ASSESSMENT FORM

(print additional copies as necessary)

Assessment Date:	Department:
Building:	Area:

Job Title:		
Task, Job, Workstation	**Potential Hazards**	**PPE or Controls**

Other controls or notes: _____

_____

_____

CERTIFICATION: I certify this hazard assessment was conducted according to University policy and the signatures below indicate acknowledgement.

_____ _____ _____ _____

Employee Signature: Date: Supervisor Signature: Date: