

## Offsite Hazard Assessment and Control Form

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Home or Area: \_\_\_\_\_

Address (Directions as required): \_\_\_\_\_

Known or Expected Hazards	Hazard Rating Before (5 being most severe) 1 2 3 4 5	Controls	Hazard Rating After (5 being most severe) 1 2 3 4 5
<b>Working Alone</b>			
<b>Harassment in the Workplace</b>		Statement on ASC ID Cards, Workplace Culture Policy & Procedure	
<b>Violence in the Workplace</b>		Statement on ASC ID Cards, Workplace Culture Policy & Procedure	

Binder(s):	Human Resources						Page:	1 of 2
Section(s):	Health & Safety	A	Oct 8/15	R/R	Oct 1/18			
Program Area(s):								

**Offsite Hazard Assessment and Control Form Continued . . .**

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Known or Expected Hazards	Hazard Rating Before (5 being most severe) 1 2 3 4 5	Controls	Hazard Rating After (5 being most severe) 1 2 3 4 5
Emergency meeting place:		Medical Facility Phone #:	
Emergency contact #s (I.e. Coordinator, Team Manager):			
Signature of Assessor(s):		Date:	

Binder(s):	Human Resources				Page:	2 of 2		
Section(s):	Health & Safety				A	Oct 8/15	R/R	Oct 1/18
Program Area(s):								