



CLS Health and Safety Program Risk Assessment

Location Name _____

Date Completed _____

Completed By _____

For Exposure To Radiation (Occupational Disease)

Identify Risks	Risk Rating	Controls In Place	Controls Needed To Eliminate or Reduce Risk	Resources Needed	Implemented
	High - A Medium - B Low - C				By Date _____ Person Responsible: _____ Completed: Yes <input type="checkbox"/> Bring Forward for Completion _____



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If more space required, please attached any extra completed pages.

Written Safe Work Procedure(s) * Note: Written Safe Work Procedures (if any) are located in the Health and Safety binder, Subsection B.

(List Here) _____

Education: Are employees aware of all risks of exposure to radiation in the workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>	Training: Have employees been trained in the safe work procedures? Yes <input type="checkbox"/> No <input type="checkbox"/>	Effectiveness: Are the risk controls effective? Yes <input type="checkbox"/> No <input type="checkbox"/>
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