



# CLS Health and Safety Program Risk Assessment

## For Occupational Disease

Location Name \_\_\_\_\_

Date Completed \_\_\_\_\_

Completed By \_\_\_\_\_

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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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