## **Prioritizing Hazards**

Area/Location	Hazard Identified	No Control Measures in Place? (Y/N)	Hazard is Exposed During Regular Operations? (Y/N)	Previous Injury? (Y/N)	Total Score (# of Yes's)	Priority

Priority	Area / Location	Brief Description of Hazard	Short-Term Solution and Description of Control	Date to Be Completed	Status	Long-Term Solution and Description of Control	Person Responsible	Date to Be Completed	Status