



HIRARC

HIRARC FORM			
Company Name		Conducted by: (Name, designation)	
Process/Location		Date: (from...to ..)	
Approved by: (Name, designation)		Last Review Date	1.
Date	DD MM YYYY		2.

No	1.) Hazard Identification			2.) Risk Analysis				3.) Risk Control	
	Work Activity	Hazard	Potential Effect	Existing Risk Control (if any)	Likelihood	Severity	Risk	Recommend Control Measure	Person In Charge (Due Date)
1	<i>Example: Spraying</i>	<i>Example: Hazardous chemicals are used</i>	<i>Example: Accidental contact with chemicals (eyes, inhalation, etc.)</i>	<i>Example: Safe work practice and face mask</i>				<i>Example: Appropriate facemasks/respirators, goggles, double-sided aprons, nitrile gloves</i>	
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