

Retail Store Hazard Assessment Form

Store Name

Location/Address

Assessor Name

Assessment Date

Hazard Assessment Details

Area/Department	Identified Hazard	Risk Level	Existing Controls	Recommended Action	Person Responsible	Target Date
<input type="text"/>	<input type="text"/>	S <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	S <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	S <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes/Comments

Reviewed by (Name/Signature)

Review Date