



Commonwealth of Virginia  
 Department of Emergency Management  
 Hazardous Materials Program  
**Hazard Assessment Form**



Task # \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

Date \_\_\_\_\_

Incident Name: \_\_\_\_\_

	Time	Street Name or Address	Coordinates (USNG) or GPS #	Occupant Name (if available)	Hazard Description : Quantity / Type of container / Size / Containment / Damage	Actions
1						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
2						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
3						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
4						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
5						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
6						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
7						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
8						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
9						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated
10						<input type="checkbox"/> Identified <input type="checkbox"/> Contained <input type="checkbox"/> Marked <input type="checkbox"/> Mitigated

\*See back of sheet for explanations and notes section