Program Hazard Analysis

**Narrative**

Date: ______________

Originator / Champion: ______________________________________________________

Representing Program Group: ________________________________________________

Representing Legal Counsel: ________________________________________________

Representing Risk Management: ______________________________________________

Representing Health and Safety: _____________________________________________

Detailed description of program to be evaluated:

This is a new ___ modified ___ recognized ___ activity.

Describe or list advantages of the program.

Describe or list disadvantages or problems associated with the program.

List the hazards associated with the program activities (complete PHA/OHA).

List the impact to resources (additional or change).

Identify publications or policies impacted.

Cost impact of proposed change (include council/district/unit costs):

Scheduled impact of proposed change:

Describe the proposed effective date of change (e.g., When would the change go into effect?):

Urgency of change:

Program risks:  Approved: _____ Rejected: _____ Accepted with controls as follows: _____

Signatures/concurrence: _________________________________ Date: ______________