

### Critical Job Inventory Checklist

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Occupation: \_\_\_\_\_

TASKS	POTENTIAL LOSS	Severity	Probability	Frequency	Total*	Critical Rating**

\*Total of Severity, Frequency and Probability

\*\*

Total	3 – 4	5 – 6	7 – 8	9 – 10	11 – 12
Critical Rating	1	2	3	4	5

<b>Severity</b>		<b>Probability</b>		<b>Frequency</b>	
<b>1</b>	<i>Fatality or permanent total disability</i>	<b>1</b>	<i>Likely to occur immediately</i>	<b>1</b>	<i>&gt; 75 % of day</i>
<b>2</b>	<i>Lost time injury</i>	<b>2</b>	<i>Probable in time</i>	<b>2</b>	<i>50 % - 75% of day</i>
<b>3</b>	<i>Reportable injury, no lost time</i>	<b>3</b>	<i>Possible in time</i>	<b>3</b>	<i>25 % - 50% of day</i>
<b>4</b>	<i>Minor medical treatment</i>	<b>4</b>	<i>Remotely possible</i>	<b>4</b>	<i>&lt; 25 % of day</i>