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| Chubb Exposure Assessment Form  Additional Activity |
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|  |  | Date of Assessment |  |
|  |  | Completed By |  |

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| Project |  |
| Contract Number |  |
| Contractor |  |
| Supervisor |  |
| Activity Start Date |  |
| Expected Completion Date |  |
| No. of Workers |  |

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| Operation | Item # | Exposure | Mitigation / Controls |
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