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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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