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| **Describe the task(s) being performed** | | **See It**  *What could go wrong?* | |
|  | | **Evaluate It**  *How bad could it be?* | |
| **Control It**  *What can I do to fix it?* | |
| **Hazards to Consider- check off all that apply** | | | |
| **Physical** | | | |
| ⬜ Housekeeping  ⬜ Material storage & handling  ⬜ Slip/Trip/Fall potential  ⬜ Blocked exits & walkways  ⬜ Confined/restricted space  ⬜ Improper ventilation  ⬜ Powerlines overhead/ underground  ⬜ Ground/surface condition  ⬜ Open Excavation | ⬜ Lighting  ⬜ Weather  ⬜ Hot work  ⬜ Vehicle/pedestrian traffic  ⬜ Working at heights  ⬜ Scaffolding  ⬜ Falling objects  ⬜ Loads moving or being hoisted  ⬜ Ladder use  ⬜ Critical Lift | | ⬜ Others working below/overhead  ⬜ Incorrect tools/equipment  ⬜ Working on/near energized equipment  ⬜ Defective tools/equipment  ⬜ Unguarded equipment  ⬜ Noise  ⬜ Vibration  ⬜ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ergonomic** | | | |
| ⬜ Awkward body positioning  ⬜ Overextension  ⬜ Repetitive Motion | ⬜ Twisting/reaching/bending  ⬜ Cramped/tight work area  ⬜ Forceful pushing/pulling | | ⬜ Awkward grip/load carried  ⬜ Working at over head height  ⬜ ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chemical** | | | |
| ⬜ Freeze burn  ⬜ Chemical handling/storage  ⬜ Spill potential | ⬜ Dust/fumes/vapours/gases  ⬜ Fire/explosion/reactive properties | | ⬜ Acid/corrosive material  ⬜ Aerosols  ⬜ ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Biological** | | **Psychosocial** | |
| ⬜ Waste disposal  ⬜ Blood/bodily fluid  ⬜ Virus/bacteria  ⬜ Insect bite  ⬜ Lack of hygiene/sanitation  ⬜ ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ⬜ Personal limitations/illness, age, mental stability ⬜ Harassment/violence  ⬜ Stress/fatigue  ⬜ Working alone  ⬜ Worker(s) not competent  ⬜ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **List PPE Required:** | | **PPE Inspected? ⬜ Yes ⬜ No** | |
| **Location of First Aid supplies:** | | **Emergency Muster Location:** | |
| **If working alone, explain check-in procedure:** | |  | |

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| **Company Name:** | | |  |  | | --- | --- | | **Risk = Severity X Likelihood** | | | **Severity** | **Likelihood** | | **1**-Minor first aid injury or damage | **1**-Unlikely | | **2**-Medical treatment or major damage | **2**-May Happen | | **3**-Lost time, fatality or catastrophic damage | **3**-Highly Likely | | | | | |
| **Date:** | |
| **Worksite Representative Name/Phone #:** | |
| **Identify the hazards and outline plans to eliminate or control each hazard. Then assign a risk rating.** | | | | | | |
| HAZARD | CONTROLS | | | | | RISK RATING |
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| **Did you properly lock out & tag any defective tools/equipment? ⬜ Yes ⬜ No** | | | | | | |
| **Did you notify nearby workers of any hazards that may affect them? ⬜ Yes ⬜ No** | | | | | | |
| WORKER NAME (print) | SIGNATURE | | | TIME | INITIAL | |
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| **NOTE: If leaving and coming back to a task, workers must record the time and initial, acknowledging that no new hazards are present.** | | | | | | |
| **Supervisor Signature:** | | | **Date:** | | | |
| **Worksite Representative Signature:** | | | **Date:** | | | |

**ALL AFFECTED WORKSITE PARTIES MUST SIGN OFF BEFORE WORK CAN BEGIN**

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| Worksite Representative Comments: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the work area cleaned up/materials store and disposed of properly? ⬜ Yes ⬜ No |
| Did any incidents occur? ⬜ Yes ⬜ No  If yes, explain: |