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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:** |

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| **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: |
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| Was the work area cleaned up/materials store and disposed of properly? ⬜ Yes ⬜ No |
| Did any incidents occur? ⬜ Yes ⬜ NoIf yes, explain: |