

Risk/HAZARD ASSESSMENT

Location:	Trade:	Date:
Basic/Specialized PPE inspected: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-use inspection of tools/equipment been completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Job #:

Priority Index : Severity 1. Imminent Danger 2. Serious 3. Minor 4. Negligible 5. Not Applicable

: Probability A. Probable B. Reasonably Probable C. Remote D. Extremely Remote

Identify and prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards. Mark when Task is completed.

Priority Index	Task/Job Location	Hazards	PLANS TO ELIMINATE OR CONTROL HAZARDS	Control Completed Date / Time
Muster Points Locations? Yes <input type="checkbox"/> No <input type="checkbox"/>		Warning ribbon needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the worker working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, explain:		

Please print and sign below (all members of the crew) Prior to commencing work, and initial when task is completed or at the end of the shift

Worker's Name(print)	1 st Break	2 ND Break	Worker's Name(print)	1 st Break	2 nd Break

Foreperson's Name: _____

Environmental Hazards	Access / Egress Hazards	Rigging & Hoisting Hazards
1. <input type="checkbox"/> Work area clean 2. <input type="checkbox"/> Material storage identified 3. <input type="checkbox"/> Dust 4. <input type="checkbox"/> Mist 5. <input type="checkbox"/> Fumes 6. <input type="checkbox"/> Noise in area 7. <input type="checkbox"/> Extreme temperatures 8. <input type="checkbox"/> Spill potential 9. <input type="checkbox"/> Waste properly managed 10. <input type="checkbox"/> Excavation permit required 11. <input type="checkbox"/> Other workers in area 12. <input type="checkbox"/> Weather conditions 13. <input type="checkbox"/> SDS reviewed	21. <input type="checkbox"/> Aerial lift / Man basket (inspected) 22. <input type="checkbox"/> Scaffold (inspected & Tagged) 23. <input type="checkbox"/> Ladders (tied off top and bottom and inspected) 24. <input type="checkbox"/> Slips / Trips / Falls 25. <input type="checkbox"/> Hoisting (equipment inspected) 26. <input type="checkbox"/> Evacuation (alarms, routes, ph. #) 27. <input type="checkbox"/> Confined / Restricted space entry permit required	35. <input type="checkbox"/> Lift study required 36. <input type="checkbox"/> Proper tools used 37. <input type="checkbox"/> Tools / Sling inspected 38. <input type="checkbox"/> Equipment inspected 39. <input type="checkbox"/> Others working overhead / below 40. <input type="checkbox"/> JHA or Hazard Assessment done
Ergonomic Hazards	Overhead Hazards	Electrical Hazards
14. <input type="checkbox"/> Awkward body position 15. <input type="checkbox"/> Over extension 16. <input type="checkbox"/> Prolonged twisting / Repetitive / bending Motion 17. <input type="checkbox"/> Working in a tight area 18. <input type="checkbox"/> Lift too heavy / Awkward to lift 19. <input type="checkbox"/> Hands not in line of sight 20. <input type="checkbox"/> Working above your head	28. <input type="checkbox"/> Barricades & signs in place 29. <input type="checkbox"/> Hole coverings identified 30. <input type="checkbox"/> Harness / lanyard inspected 31. <input type="checkbox"/> 100% Tie-off with harness and approved anchor points identified 32. <input type="checkbox"/> Falling objects 33. <input type="checkbox"/> Power lines 34. <input type="checkbox"/> Hoisting or moving loads overhead	41. <input type="checkbox"/> GFI test 42. <input type="checkbox"/> Lighting levels too low 43. <input type="checkbox"/> Working on / Near energized equipment 44. <input type="checkbox"/> Electrical cords / tools 45. <input type="checkbox"/> Fire extinguisher 46. <input type="checkbox"/> Lock Out Tag Out procedure required
	Hand Safety	Personal Limitations / Hazards
	51. <input type="checkbox"/> Hand Tools/Equipment Inspected 52. <input type="checkbox"/> All Tools/Equipment in good condition 53. <input type="checkbox"/> Pinch Point Identified.	47. <input type="checkbox"/> Procedure not available for task 48. <input type="checkbox"/> Confusing instructions 49. <input type="checkbox"/> No training for task or tools to be used 50. <input type="checkbox"/> First time performing the task

It is important that all hazards are identified and controlled.

Remember to: Keep Your Mistakes Small!