

2.1a Daily Hazard Assessment - FORM



SITE INFORMATION:

DATE:	SITE LOCATION:
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PPE REQUIRED:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Hard hat | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Safety Eyewear |
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Coveralls/Long Sleeves | <input type="checkbox"/> Face Shield |
| <input type="checkbox"/> Steel Toed Work Boots | <input type="checkbox"/> High Visibility Vest | <input type="checkbox"/> Welding Hood | <input type="checkbox"/> Other: _____ |

POTENTIAL HAZARDS (please discuss below):

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Work at Heights | <input type="checkbox"/> Live Energy | <input type="checkbox"/> Rigging | <input type="checkbox"/> Overhead Work |
| <input type="checkbox"/> Pinch Points/Sharp Edges | <input type="checkbox"/> Poor Ergonomics | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Congestion |
| <input type="checkbox"/> Slips/Trips/Falls | <input type="checkbox"/> Mobile Equipment | <input type="checkbox"/> Weather | <input type="checkbox"/> Heavy Lifting |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Crane Lifts | <input type="checkbox"/> Scaffolds | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Public | <input type="checkbox"/> Other _____ |

PLEASE REFER TO HAZARD ASSESSMENT MATRIX FOR HAZARD RATING

DESCRIPTION OF TASK: <i>(Break down job into steps)</i>	HAZARDS: <i>(All known or potential hazards)</i>	CONTROL MEASURES: <i>(Steps to ensure safety of all persons)</i>	HAZARD RATING:	
			BEFORE	AFTER

I have reviewed and understand the contents within this hazard assessment:

PRINT NAME (First and Last)	SIGNATURE

Supervisor Name (print): _____ **Signature:** _____