

2.1 Hazard Assessment Documentation



SITE INFORMATION:

DATE:	SITE CONTACT:
SITE LOCATION:	SAFETY REP/JOHS REP:
MUSTER STATION LOCATION:	SITE EMERGENCY NUMBER/PROTOCOL:

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: _____ |

PERMITS REQUIRED:

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Hot Work | <input type="checkbox"/> Fall Protection Plan (Over 25') |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Lead Removal | <input type="checkbox"/> Building | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Environmental Management | <input type="checkbox"/> Lockout | <input type="checkbox"/> Engineered | <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 _____ |

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

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JOB HAZARD ANALYSIS SIGN OFF SHEET

I have reviewed and understand the contents within this hazard assessment

<i>PRINT NAME (First and Last)</i>	<i>SIGNATURE</i>

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