

Hazard Assessment Document

This Hazard Assessment has been developed by CISP for industry to use in multiple different ways. The document can be used as a Task Hazard Assessment, a Job Hazard Assessment or a Site Hazard Assessment. It's intended purpose is to make the completing of a Hazard Assessment of any type as simple as possible, because when hazards (dangers) are identified and controlled it reduces injuries and possibly the of loss of life. Use this form to help keep you, your buddies, your fellow workers, employees and those that work around you safe. Nobody wants to be the cause of someone not going home again.

Definitions

Task	A piece of work or steps that need must be undertaken to complete a job.
Job	Made up of multiple tasks that accomplishes a larger goal.
Control	Getting rid of and/or replacing material in order to remove and reduce a workplace hazard that could potentially lead to an injury or death. Responsibility: All
Hazard Assessment	An overall look at a task, job or worksite to consider and evaluate potential workplace hazards for the purpose of their removal or control. Responsibility: Project Manager, Supervisors, Safety Managers, Foreman-shall be shared with Worker
Site Specific Safety Plan	A custom made document that is designed to cover health and safety aspects of a project and its functions. This assists the identification and consideration of controlling worksite hazards. Responsibility: Senior Management, PM, Supervisor, Safety Manager
Field Level Risk Assessments	Individual(s) worker document that identifies and assesses hazards at the worksite and ensure controls are implemented to eliminate or reduce hazards before work begins. Responsibility: Worker, Manager, Supervisor Safety
Tool box talks	Safety talk to provide relevant safety, information to workers. Responsibility: Supervisor, Foreman, workers
Legislative Requirements	The minimum legal standard that must be achieved. Responsibility: All



Hazard Assessment

Name of Person in charge (Supervisor)	Today's Date (Start)	What are you doing? (Job)	How long will it take to complete? (Duration)	Will the weather affect what you do? Yes or No? (This should be listed as your first Hazard for the Job)	How many in the crew?
List of tools to be used.			Did you hire or subcontract a company to work for you? Name	Who is the First Aider on site:	Company or Site Safety Rep.
Job Name/Job Number	Job Location	General Contractor (Who you are working for)			

THINK



PLAN


















DO

HAVE YOU THOUGHT ABOUT THE FOLLOWING?

Any Trenching/Excavation?	Infectious Control?	Any Pipe Installation (Plumbing)?	Use of a Scissor Lift/Boom?	Any Connecting Steel?
Any Working at Heights?	Using any Scaffolding?	Use of Crane or Lifting Overhead?	Potential for Any Spills?	Any Ladders to be Used?
Any Electrical Lockout Needed?	Any Underground Services?	Close to Any Overhead Power Lines?	Any Heavy Lifting?	WHMIS/GHS?
Any Welding/Grinding/Burning/Hotwork?	Traffic Control?	Work Around or Near Water?	Any Prolonged Awkward Postures?	
Any Confined Space Work?	Heavy Equipment?	Brick Work / Masonry Work?	Any Air Quality Issues?	
Using any Hazardous Chemicals?	Any Specialized PPE?	Framing Nailer/Pneumatic Tools?	Any Asbestos Abatement Needed?	
Any Shift Work Required?	Any Concrete or Form Work?	Hydraulic Equipment/Tools?	Exposure to Extreme Hot or Cold?	

List the Job steps? (Tasks). <i>i.e. Cutting Wood</i>	Explain how you could be become injured while completing these steps Tasks ? (Hazards) <i>i.e. Sawdust/Splinters in the eyes</i>	On a scale of 1-5 with 5 being the worst, if something were to happen while doing that (Task) how bad could it be? (Risk) Example 1. Small Cut 2. Pulled Muscle 3. Broken Bone 4. Loss of Limb 5. Dead	What could you do to stop or limit from getting hurt? What are your (Controls) for the (Hazards). <i>i.e. Supervisor and all employees ensure everyone is wearing safety glasses .</i>	Have you stopped or limited the danger ? (Control is in place) Yes or No Initial who did it.
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Crew Sign Off			
Print	Sign	Print	Sign
Print	Sign	Print	Sign
Print	Sign	Print	Sign
Print	Sign	Print	Sign
Print	Sign	Print	Sign
Supervisor Sign Off			Date