Hazard Assessment and Control Form

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| **Company & Site Details:**  Company name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job \_\_\_\_\_\_\_\_\_\_ Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Task\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Civic\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_  Start Time\_\_\_\_\_\_\_ End Time\_\_\_\_\_\_\_ | Things to Consider:  **P**eople- Employees, Subcontractors, Client, Customer, Contractor, Pedestrians, General Public  **E**quipment- Assets (Tools, Vehicles, etc.)  **M**aterials- MSDS, Storage, Handling, Consumables used (chemicals, supplies, etc.)  **E**nvironment- Weather, Overhead power lines, Site conditions, Lighting, Access/Egress  **Hazard Ranking: H=High, M=Medium, L=Low** | | | | | | | | |
| **Was the Comprehensive Hazard Assessment consulted? (circle) YES NO** | | | | **Circle One:** Job Site Project Site Field Level | | | | | |
| Task: | Hazards Within the Task: | | Rank (H, M, L) | | | Applicable Legislation | Hazard Control(s): | | Date Complete: |
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| Hazard Assessment Form Reviewed by: | | | | | | | | | |
| Print | | Signature | | | Print | | | Signature | |
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| Responsible Site Supervisor: | | | Signature of Responsible Site Supervisor: | | | | | | |

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| Area of Assessment (Office/Shop/Yard/Site) | | | Things to Consider:  **P**eople- Employees, Subcontractors, Client, Customer, Contractor, Pedestrians, General Public  **E**quipment- Assets (Tools, Vehicles, etc.)  **M**aterials- SDS, Storage, Handling, Consumables you use (chemicals, supplies, etc.)  **E**nvironment- Weather, Overhead powerlines, Site conditions, Lighting, Access/Egress.  **P**rocesses- Ergonomic, Abrasion, Sparks, Flames, Inadequate Practices/Procedures | | | |
| ­­­**Job/Activity** | | |
| **Task** | **Hazards within task:** | **Risk Ranking** | | **Applicable Legislation** | **Hazard control(s):** | **Person/Dept Responsible** |
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Comprehensive Hazard Assessment Form

Assessment Completed By:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_