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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: |

 Hazard Assessment and Control Form

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| Nova Scotia Occupational Health and Safety Act (Act) | First Aid Regulations (FAR)  |
| Occupational Safety General Regulations (OSGR) Workplace Health and Safety Regulations (WHSR'S)  | W.H.M.I.S. Regulations Motor Vehicle Act (MVA  |
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| Area of Assessment (circle one): | 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 you use (chemicals, supplies, etc)**E**nvironment- Weather, Overhead power lines, Site conditions, Lighting, Access/ Egress. |
| Office/ Yard/ Site or:­­­ |
| **Job** | **Task:** | **Hazards within task:** | **Applicable Legislation:** | **Hazard control(s):** | **Person responsible:** |
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