





## Hazard Assessment and Control Form

<b>Company &amp; Site Details:</b> Company name: _____ Job _____ Site _____ Task _____ Civic _____ Address _____ Start Time _____ End Time _____	Things to Consider: <b>People-</b> Employees, Subcontractors, Client, Customer, Contractor, Pedestrians, General Public <b>Equipment-</b> Assets (Tools, Vehicles, etc.) <b>Materials-</b> MSDS, Storage, Handling, Consumables used (chemicals, supplies, etc.) <b>Environment-</b> Weather, Overhead power lines, Site conditions, Lighting, Access/Egress <b>Hazard Ranking: H=High, M=Medium, L=Low</b>
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<b>Was the Comprehensive Hazard Assessment consulted? (circle) YES NO</b>	<b>Circle One:</b>	Job Site	Project Site	Field Level
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Task:	Hazards Within the Task:	Rank (H, M, L)	Applicable Legislation	Hazard Control(s):	Date Complete:

**Hazard Assessment Form Reviewed by:**

<b>Print</b>	<b>Signature</b>	<b>Print</b>	<b>Signature</b>

<b>Responsible Site Supervisor:</b>	<b>Signature of Responsible Site Supervisor:</b>
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Nova Scotia Occupational Health and Safety Act (Act)  
 Occupational Safety General Regulations (OSGR)  
 Workplace Health and Safety Regulations (WHSR'S)

First Aid Regulations (FAR)  
 W.H.M.I.S. Regulations  
 Motor Vehicle Act (MVA)





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