



Hazard Assessment and Control Form

Company & Site Details: Company name: _____ Job _____ Site _____ Task _____ Civic _____ Address _____ Start Time _____ End Time _____		Things to Consider: People- Employees, Subcontractors, Client, Customer, Contractor, Pedestrians, General Public Equipment- Assets (Tools, Vehicles, etc.) Materials- MSDS, Storage, Handling, Consumables used (chemicals, supplies, etc.) Environment- 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		Circle One: Job Site		Project Site	Field Level
NO					
Task:	Hazards Within the Task:	Rank (H, M, L)	Applicable Legislation	Hazard Control(s):	Date Complete:
Hazard Assessment Form Reviewed by:					
Print	Signature		Print	Signature	
Responsible Site Supervisor:			Signature of Responsible Site Supervisor:		



Comprehensive Hazard Assessment Form

Area of Assessment (Office/Shop/Yard/Site)		Things to Consider: People- Employees, Subcontractors, Client, Customer, Contractor, Pedestrians, General Public Equipment- Assets (Tools, Vehicles, etc.) Materials- SDS, Storage, Handling, Consumables you use (chemicals, supplies, etc.) Environment- Weather, Overhead powerlines, Site conditions, Lighting, Access/Egress. Processes- Ergonomic, Abrasion, Sparks, Flames, Inadequate Practices/Procedures			
Job/Activity					
Task	Hazards within task:	Risk Ranking	Applicable Legislation	Hazard control(s):	Person/Dept Responsible

Assessment Completed By: _____
 Date Completed: _____