Hazard Assessment and Control Form

Company & Site Details:	Things to Consider:
Company name:_____	**P**eople- Employees, Subcontractors, Client, Customer, Contractor, Pedestrians, General Public
Job _____ Site_____	**E**quipment- Assets (Tools, Vehicles, etc.)
Task_____	**M**aterials- MSDS, Storage, Handling, Consumables used (chemicals, supplies, etc.)
Civic_____ Address_____	**E**nvironment- Weather, Overhead power lines, Site conditions, Lighting, Access/Egress
Start Time_____ End Time_____	**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:

Hazard Assessment Form Reviewed by:			
Print	Signature	Print	Signature

Responsible Site Supervisor:	Signature of Responsible Site Supervisor:

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

Comprehensive Hazard Assessment and Control Form

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:

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