**Job Hazard Assessment**

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| This purpose of this assessment is to identify ‘day-of-the-job’ hazards associated with work tasks, to ensure hazards are controlled prior to starting work. Complete this assessment prior to the start of each new service request or when conditions of work have changed. Always check the condition of all tools and equipment and your work area for hazards *prior to* starting work. Provide completed copies of this form to your foreman. For assistance contact your supervisor or the Occupational Health and Safety Coordinator.  |
| **Work Location:**  | **SR#** **(Service Request)** | **Work Crew:** |
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| **DESCRIPTION OF JOB or TASK:**  |
| **SUPERVISOR IN CHARGE:**  | **PHONE/CELL:**  |
| **Assessment Date (D/M/Y):**  | **Completed by:**  |
| **POTENTIAL HAZARDS (Check all that apply and add others as required if** )  |
| [ ] Confined Space  | [ ]  Extreme heat / cold | [ ]  Mold | [ ]  Obstructions  | [ ]  Fall hazards |
| [ ]  Working Alone | [ ]  Noise  | [ ]  Electrical | [ ]  Slip/Trip Hazards | [ ]  Unsafe tools/equipment |
| [ ] Awkward postures or lifting | [ ]  Asbestos | [ ]  Lighting | [ ]  Mechanical | [ ]   |
| [ ] Hazardous gases/chemicals | [ ]  Sharp objects | [ ]  Animal droppings | [ ]  Entrapment | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **OTHER HAZARDS OR INFORMATION:** |
| **REQUIRED HAZARD CONTROLS** (**Check** all that apply and add additional controls in the available space). |
| Lockout tag out procedure | [ ]  | Mechanical ventilation | [ ]  |
| Hard hat | [ ]  | Ladders for safe access and egress  | [ ]  |
| Protective gloves | [ ]  | Mechanical aids (dolly etc.) | [ ]  |
| Respirator  | [ ]  | Atmospheric testing | [ ]  |
| Eye protection  | [ ]  | Emergency or rescue procedure | [ ]  |
| Protective footwear | [ ]  | Scaffolds (Inspected and tagged)  | [ ]  |
| Hearing protection  | [ ]  | Work Permit | [ ]  |
| Coveralls | [ ]  | Additional training | [ ]  |
| Pedestrian Barricades | [ ]  | Machine guarding | [ ]  |
| Stand by worker | [ ]  | Check in protocol with office or  | [ ]  |
| Confined Space Entry Procedures | [ ]  | Fire extinguisher | [ ]  |
| Additional Lighting (e.g. Flashlight) | [ ]  | Other | [ ]  |
| Communication device  | [ ]  |  | [ ]  |
| Fall protection  | [ ]  |  |  |
| **Additional Information or Comments ( use back of page if necessary) :**  |