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| **Hazard Assessment Form** | | | | | | | | | | | | | | | | |
| **Company Name:** |  | | | | | | **Date:** | |  | | | **Time:** |  | | 🞏 AM 🞏 PM | |
| **Company Contact:** | |  | | | | | **Location:** | |  | | | | | | | |
| **Contact Email/ Phone:** | | |  | | | | **Work Being Performed:** | | | |  | | | | | |
| **SWP/ SJP Reviewed:** | | |  | | | | **Critical Task Being Performed:** | | | | 🞏 Yes 🞏 No | | | | | |
| **PRIORITY INDEX Severity 1.** Imminent Danger **2.** Serious **3.** Minor **4.** Negligible/Ok **5.** Not Applicable  **Probability A** – Probable **B** – Reasonably Probable **C** – Remote **D** – Extremely Remote | | | | | | | | | | | | | | | | |
| **Description of Hazard**  ***(include location)*** | | | | **Priority Ranking** | **Control Required** | | | | | **Person Implementing Control** | | | | **Completed** | | |
| **Date** | | **Time** |
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| **Hazard Assessment Conducted by:** | | |  | | | **Reviewed by Workers:** | |  | |  | | | |  | | |
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| **Manager/ Supervisor(s) Reviewed:** | | |  | | | **Comments:** | |  | | | | | | | | |

\*Hazard assessments are conducted before work begins. Existing and potential hazards should be identified with controls implemented prior to starting work activities. When conditions or work being performed changes, the hazard assessment must be updated or a new one completed.

**For more information on your legal obligations regarding worksite safety please contact us.**

**Contact us by email at:** [**SCSAINFO@SCSAONLINE.CA**](mailto:SCSAINFO@SCSAONLINE.CA) **or Toll Free at 1.800.817.2079**