SCSA Hazard Assessment

Complete a Hazard Assessment at the task location prior to start of work or when conditions change.

****All Identified Hazards on Checklist Require a Control Below****

Company	Date	Time	Assessment Team

Project	Task Location	Muster / Meeting Point

✓ **Review these items with the crew at the site of the task and check the blocks that apply to the work.**
CRITICAL TASKS REQUIRE A SAFE JOB PROCEDURE. REFER TO SAFETY AND HEALTH MANUAL.

Environmental Hazards
- ☐ Spill potential / containment
- ☐ HAZMAT / TDG storage
- ☐ Challenging weather conditions
- ☐ SDS reviewed for hazardous materials
- ☐ Inadequate ventilation
- ☐ Heat stress / cold exposure
- ☐ Lighting levels too low
- ☐ Improper housekeeping
- ☐ Barricades, flagging and signs required
- ☐ Noise levels

Ergonomics Hazards / Material Handling
- ☐ Working in a tight area
- ☐ Awkward position
- ☐ Working above your head
- ☐ Repetitive motion
- ☐ Forceful grip used
- ☐ Heavy / Manual lifting
- ☐ Vibration from power tools
- ☐ Improper design / layout of work area

Activity Hazards
- ☐ Hot work being conducted
- ☐ Burn / heat sources
- ☐ Compressed gasses in area
- ☐ Working on / near energized equipment
- ☐ Working alone
- ☐ Equipment / tools in poor repair
- ☐ Critical lifting being conducted
- ☐ Safe job procedure not developed
- ☐ Lock out tag out
- ☐ Airborne particles
- ☐ Mobile equipment / vehicle in area
- ☐ Excavation / trench / underground work
- ☐ Line locates not completed
- ☐ Confined space access

Access / Egress Hazards
- ☐ Scaffold (inspected and tagged)
- ☐ Slip / trip potential identified
- ☐ Required permits in place
- ☐ Open excavations
- ☐ Walkways / roadways

Work at Height Hazards
- ☐ Use of ladders
- ☐ Open hole(s) present
- ☐ Leading edge
- ☐ Powered platforms / aerial work
- ☐ Others working overhead / below
- ☐ Tools / material overhead
- ☐ Fall protection plan incomplete

Basic PPE Inspection
- ☐ Completed by all workers

☐ Other: _____

Priority Index: Severity & Probability
1. Imminent Danger **2.** Serious **3.** Minor **4.** Negligible/OK
A. Probable **B.** Reasonably Probable **C.** Remote **D.** Extremely Remote

✓ **Identify the task steps and hazards, and then Identify the plans to eliminate or control the hazards. Identify when control has been completed.**

Priority Index	Hazard	Control	Completed when:	Completed by:
	The Source of Harm	Control Implemented	Date & Time	Initial

DO NOT SIGN UNTIL YOU UNDERSTAND AND AGREE WITH THE HAZARD ASSESSMENT.

Worker names (Print & Initial)

Supervisor: _____ Print Name _____ Signature

Auditor: Print Name _____ Signature _____ DD/MM/YY _____

	Adequate	Inadequate		Adequate	Inadequate
1. Task description			6. Workers' names legible		
2. Hazard identification			7. Reviewed / signed by foreman		
3. Hazard controls			8. Muster / assembly point identified		
4. All controls implemented			9. Tools and equipment inspected		
5. Hazard Assessment at task location					

Comments: _____

Auditors will comment on all inadequate items and those that are worthy of positive recognition.

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