

HANDOUTS: Hazard Assessment (2 pages)
Skill Builders: Key Words & Phrases, Entry Forms

IN THE WORKPLACE: Assessing and reporting on hazards is a common task across trades. The ability to do so accurately is important as the reports impact the future safety of workers. Workers complete assessments prior to the start of each new task or when conditions have changed. Always check your work area for hazards prior to starting work as and check the condition of all tools and equipment.

Read the **Hazard Assessment Form** to complete the tasks and locate answers to the questions. Write the answers in the space provided and complete the form as requested.

1. What date format is required?

2. Who should the completed form be given to?

3. For each identified hazard, identify an appropriate control from the options.

a) Confined space: _____

b) Animal droppings: _____

c) Unsafe equipment: _____

d) Sharp objects: _____

4. Complete the assessment form to identify any hazards in the room you are currently working in (or an outside space or class shop if available). Work with a partner or in a small group. Compare your results with another team who assessed the same space.

HAZARD ASSESSMENT FORM				
This purpose of this assessment is to identify hazards associated with your work tasks, and to ensure hazards are controlled prior to starting work. Provide completed copies of this form to your supervisor. For assistance contact the Occupational Health and Safety Coordinator.				
WORK LOCATION:		Work Crew:		
DESCRIPTION OF JOB OR TASK:				
SUPERVISOR IN CHARGE:		ASSESSMENT DATE (D/M/Y):		
POTENTIAL HAZARDS (Check all that apply and add others as required)				
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Extreme heat / cold	<input type="checkbox"/> Mould	<input type="checkbox"/> Obstructions	<input type="checkbox"/> Fall hazards
<input type="checkbox"/> Working Alone	<input type="checkbox"/> Noise	<input type="checkbox"/> Electrical	<input type="checkbox"/> Slip/Trip Hazards	<input type="checkbox"/> Unsafe tools
<input type="checkbox"/> Awkward postures or lifting	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Lighting	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Unsafe equipment
<input type="checkbox"/> Hazardous gases/chemicals	<input type="checkbox"/> Sharp objects	<input type="checkbox"/> Animal droppings	<input type="checkbox"/> Entrapment	<input type="checkbox"/>
OTHER HAZARDS OR INFORMATION:				
REQUIRED HAZARD CONTROLS (Check all that apply and add additional controls in the available space).				
Lockout tag out procedure	<input type="checkbox"/>	Mechanical ventilation	<input type="checkbox"/>	
Hard hat	<input type="checkbox"/>	Ladders for safe access and egress	<input type="checkbox"/>	
Protective gloves	<input type="checkbox"/>	Mechanical aids (dolly etc.)	<input type="checkbox"/>	
Respirator	<input type="checkbox"/>	Atmospheric testing	<input type="checkbox"/>	
Eye protection	<input type="checkbox"/>	Emergency or rescue procedure	<input type="checkbox"/>	
Protective footwear	<input type="checkbox"/>	Scaffolds (Inspected and tagged)	<input type="checkbox"/>	
Hearing protection	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	
Coveralls	<input type="checkbox"/>	Additional training	<input type="checkbox"/>	
Pedestrian Barricades	<input type="checkbox"/>	Machine guarding	<input type="checkbox"/>	
Stand by worker	<input type="checkbox"/>	Check in protocol with office	<input type="checkbox"/>	
Confined Space Entry Procedures	<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>	
Additional Lighting (e.g. Flashlight)	<input type="checkbox"/>	Fall protection	<input type="checkbox"/>	
Communication device	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Additional Controls or Comments (Use back of page if necessary):				