

WORKPLACE HAZARD ASSESSMENT

DATE: _____

Job Name: _____ Assessment Location: _____ Company Name: _____ Address: _____ Weather Conditions: _____	Assessment Team: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME</th> <th style="width: 50%;">POSITION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME	POSITION								
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	Okay	Action Required		Okay	Action Required
SAFETY PROGRAM			EQUIPMENT		
1. Company Safety Policy			25. Mobile Equipment		
2. Company Safety Manual			26. Vehicles		
3. Safe Work Practices			27. Power Tools		
4. Copies of OH & S Act and Regs Available			28. Hand Tools		
5. Inspections			29. Scaffolds		
6. Investigation			30. Ladders		
7. Administration			YARDS/GROUNDS		
TRAINING			31. Drainage		
8. Worker Training			32. Stacking of Materials		
9. Management Safety Training			33. Road Signs/Speed Limits		
10. Supervisory Safety Training			34. Lighting		
FIRST AID			35. Visibility—Fog, Mist, Dust		
11. Facilities			36. Parking, Fencing		
12. Supplies			BUILDINGS		
13. Personnel			37. Lighting		
14. Records			38. Emergency Lighting		
15. Emergency Services Available			39. Ventilation		
FIRE PREVENTION			40. Heating		
16. Smoking/No Smoking Rules			41. Access/Egress		
17. Scheduled Fire Inspections			42. Trailers		
18. Fire Extinguishers			43. Facilities		
19. Fire Alarm System			ELECTRICITY		
20. Fire Department Assistance			44. Overhead Lines		
PERSONNEL PROTECTIVE EQUIPMENT			45. Underground Installations		
21. Potential Hazards			46. Transformers		
22. Policy/Rules in Place			47. Explosion Proof Fixtures		
23. Basic PPE in Use			48. Temporary Installations		
24. Specialized PPE Available			49. Extension Cords		
			CHEMICALS		
			50. WHMIS		
			51. Transportation of Dangerous Goods		

