

Step #1**Hazard Assessment Checklist**

Company:

Location:

Date:

Assessment Team:

Position:

*Priority Status for Corrective Action:

1 = **HIGH RISK** – (Danger) 2 = **MODERATE RISK** – (Hazardous) 3 = **LOW RISK** – (Caution)

ITEM #	IDENTIFIED HAZARDS (ACTIVITIES AND CONDITIONS)	*STATUS (PRIORITY) (1-2-3)	SAFETY HAZARD AND LOCATION
1	Housekeeping		
2	Material Storage		
3	Waste Disposal		
4	Lighting		
5	Ventilation		
6	Extreme Temperatures (cold/hot)		
7	Radiation Exposure		
8	Gas (Toxic or Non-Life-Supporting)		
9	Flammables (Fire/Explosion)		
10	Dangerous Pressure		
11	Chemicals		
12	Hazardous Materials (WHMIS)		
13	High Risk Positioning		
14	Electrical Hazards		
15	Overhead Hazards		
16	Underground Hazards		
17	Confined Space Entry		
18	Excavation		
19	Restricted Access/Egress		
20	Ladders		
21	Work at Heights		
22	Scaffolds		
23	Work over Water		
24	Major Lifts (hoisting)		
25	Vehicles		
26	Mobile Equipment		
27	High Traffic		
28	Power Tools		
29	Permits		
30	Communications		

Note: For corrective action, transfer information by priority number (i.e., 1,2,3) to step #2 "Work Place Hazard Corrective Action" form.

Post signed JHA & Hazard Assessment forms at the workplace

For use with Step #1

Step #2					WORKPLACE HAZARD CORRECTIVE ACTION FORM	
Company:						
Assessment Location(s):					Time/Date:	
Department/Areas Covered:						
Assessment Team: Name			Position			
_____			_____			
_____			_____			
HAZARD INFORMATION			FOLLOW-UP			
ITEM #	PRIORITY	RECOMMENDED ACTION w/ COMPLETION DATE	ACTION TAKEN DATE/TIME	BY WHOM		
COPIES TO: (FOR ACTION)			(FOR INFORMATION)			
_____			_____			
_____			_____			
Manager's Signature:			Date:			

Post signed JHA & Hazard Assessment forms at the workplace