

Contractor Safety Information Form: Job Hazard Analysis and Hazard Assessment Form

Department: _____

Program: Contractor Health & Safety Policy Responsibility

Owner: Program Manager

Authority: Scaffold Depot Safety Program, Contractor Health & Safety Policy Responsibility ¹

Contractor: (Primary)			DATE: New Revised
Owner	Foreman/Supervisor	Safety Representative	First Aid Representative
Phone:	Phone:	Phone:	Phone:

Scope (Description) of Work

*List **all** trades, sub-trades and companies retained and working directly under this primary contractor

Sub-Contractors	Supervisor	Safety Representative (name and title)

* **Please Note:** The "Primary" contractor is responsible to ensure all aspects of safety compliance by each sub-contractors / trades retained by them to work on any project(s).

¹ Scaffold Depot. Occupational Health & Safety Program.

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Employer: _____

DATE: _____

Material Safety Data Sheets (MSDS)

Hazardous materials used on this site are/will be	Location(s) of MSDS
1.	
2.	
3.	
4.	
5.	
6.	

List of Emergency Response Plans(s) Collected (i.e. Fall Protection, Confined Space etc.)

Emergency Plan	Designated person (In Charge)

Post signed JHA & Hazard Assessment forms at the workplace

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.

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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:				

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