

# Job Hazard Assessment

Site Name:

Date:

Time:

Company Name:	Mancount:
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Location of work area:

Weather Conditions:	Temp:	Wind:
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PPE Inspected:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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**Identify the tasks and Hazards below, then identify the plans to eliminate or control the hazards**

H (High) M (Medium) L (Low)

Tasks	Hazards	Hazard Level	Plans to Eliminate/Control
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Caution Tape or Danger Tape Required? Yes___ No___		Pre Inspection of Tools/Equipment completed? Yes___ No___	
Are there any required control zones that need to be erected? Yes___ No___	<b>Signatures</b>		
Any work requiring permits? HOT WORK___ Confined Space___ Other___			
Has a "Walk Around" to assess hazards been completed ? Yes___ No___			
Appropriate PPE for the Required tasks? Yes___ No___			
Are All workers familiare with the Site Emergancy Plan? Yes___ No___			Foreman/Supervisor:
Is there Any Public Protection Required? Yes___ No___			
Are workers trained for the tasks? Yes___ No___			
Are all workers aware of location of Fire extinguishers and Air Horns? Yes___ No___			Assessment completed by / Foreman
Line of Fire? Potential of getting struck by, or cut by. Yes___ No___ If Yes what?_____			

Please Print and Sign Below, (All Members of the Crew), prior to Comencing Work

Workers Name (Print)	Signature	Workers Name (Print)	Signature
1		10	
2		11	
3		12	
4		13	
5		14	
6		15	
7		16	
8		17	
9		18	