## **SCSA Hazard Assessment**

Complete a Hazard Assessment at the task location prior to the start of work or when conditions change.

\*\*All Identified Hazards on Checklist Require a Control Below\*\*

Project	Date	Date Time  Task Location									
	Task Location										
√ Review these items with the crew at the site of the task and check the blocks that apply to the work.  CRITICAL TASKS REQUIRE A SAFE JOB PROCEDURE. REFER TO SAFETY AND HEALTH MANUAL  Output  Description  Output  Description  Output  Description  Description  Output  Description  Description  Output  Description  Description  Output  Description  D											
Spill potential / containment HAZMAT / TDG storage Challenging weather conditions SDS reviewed for hazardous materials Inadequate ventilation Heat stress / cold exposure Lighting levels too low Improper housekeeping Barricades, flagging, and signs required Noise levels ronomics Hazards / Material Handling Working in a tight area Awkward position Working above your head Repetitive motion Forceful grip used Heavy / Manual lifting Vibration from power tools Improper design/ layout of work area	Activity Hazards  Hot work being conducted  Burn / heat sources  Compressed gasses in area  Working on / near energized e  Working alone  Equipment / tools in poor repa  Critical lifting being conducted  Safe job procedure not develop  Lock out tag out  Airborne particles  Mobile equipment / vehicle in a Excavation / trench / undergre  Line locates not completed  Confined space access  Access / Egress Hazards  Scaffold (inspected and tagge  Slip / trip potential identified  Required permits in place  Open excavations  Walkways / roadways	Use   Oi	☐ Leading edge								
riority Index: Severity 1. Imminent Dange & Probability A. Probable	Other:  2. Serious 3. Minor 4.  B. Reasonably Probable C. Remote	. Negligible/OK <b>D.</b> Extremely R	emote								
	and then Identify the plans to eliminate or co		•								
task steps	HAZARD	CO	NTROL	Completed by:							
		Assign Contr	ol to Worker here	Date/Time/ Initial							
		-									
<del></del>											
				1							

Signature

**Print Name** 

Supervisor:

Auditor:		Print Name		Signature		DD/MM/YY		
			Adequate	Inadequate			Adequate	Inadequate
1.	Task d	escription		<u> </u>	6.	Workers' names legible	T	
2.	Hazard	didentification			7.	Reviewed / signed by foreman		
3.	Hazard	controls			8.	Muster / assembly point identified		
4.	All con	trols implemented			9.	Tools and equipment inspected		
5. loc	Hazard ation	Assessment at task						
Co	mments	:						
 Au	ditors v	vill comment on all	inadequ	ate items	an	d those that are worthy of posit	ive recoç	gnition.