SCSA Hazard Assessment

Please complete a Hazard Assessment at the task location prior to start of each task or when conditions change.

<table>
<thead>
<tr>
<th>Company / Craft</th>
<th>Date</th>
<th>Time</th>
<th>Job No. Permit No.</th>
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Review these items with the crew at the site of the task and check the blocks that apply to the work.

CRITICAL TASKS NEED A SAFE JOB PROCEDURE. REFER TO HEALTH AND SAFETY MANUAL.

Environmental Hazards
- spill potential / containment
- HAZMAT / TDG storage
- weather conditions
- MSDS reviewed for hazardous materials
- ventilation required
- heat stress / cold exposure
- lighting levels too low
- housekeeping

Ergonomics Hazards / Material Handling
- working in a tight area
- parts of body in line of fire
- working above your head
- pinch points identified
- repetitive motion
- work at height hazards
- barricades, flagging, and signs in place
- hole coverings in place
- protect from falling items
- powered platforms
- others working overhead/below
- fall arrest systems
- ladders

Activity Hazards
- welding / grinding
- burn / heat sources
- compressed gasses
- working on / near energized equipment
- electrical cords / tools - condition
- equipment / tools inspected
- critical lift meeting required
- energy isolation
- airborne particles
- open hole(s) / leading edge(s)
- mobile equipment / vehicle
- rigging
- excavation / underground work hazards
- confined space

Access / Egress Hazards
- scaffold (inspected and tagged)
- slip / trip potential identified
- required permits in place
- excavations
- walkways / roadways
- Other:

Personal Limitations / Hazards
- clear instructions provided
- trained to use tool and perform task
- distractions in work area
- working alone (communication)
- lift too heavy / awkward position
- external noise levels
- physical limitations
- first aid requirements

PPE Requirements
- safety glasses
- face shield
- gloves (kevlar or leather)
- coverall (fire retardant)
- hearing protection
- respirator
- harness / lanyard
- reflective vest
- footwear (condition / application)
- basic PPE inspected

Date / Time

Worker (Print): 1st Break 2nd Break Lunch

Worker (Print): 1st Break 2nd Break Lunch

DOB NOT SIGN UNTIL YOU UNDERSTAND AND AGREE WITH THE HAZARD ASSESSMENT. REVIEW AND INITIAL AFTER BREAKS AND LUNCH.

Supervisor: 1st Break 2nd Break

Print Name Signature
Auditor:  | Print Name | Signature | DD/MM/YY
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<tr>
<td>1. Task description</td>
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<td>2. Hazard identification</td>
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<td>3. Hazard controls</td>
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<td>4. All controls implemented</td>
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<td>5. Initialed after breaks / lunch</td>
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<td>6. Workers’ names legible</td>
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<td>7. Reviewed / signed by foreman</td>
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<td>8. Muster / assembly point identified</td>
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<td>9. Tools and equipment inspected</td>
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<td>10. Hazard Assessment at task location</td>
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Comments:

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Auditors will comment on all inadequate items and those that are worthy of positive recognition.