

Step 1 - Project Information

Date:		Project #:		Location:			
Weather Conditions:				Site Specific Training Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Project Description:				If yes explain:			

Step 2- Check off the hazards that apply to this job:

Environmental Hazards	Severity	Frequency	Priority	Eronomics	Severity	Frequency	Priority	Housekeeping	Severity	Frequency	Priority	Other:
Heat Stress <input type="checkbox"/>				Repetitive motion <input type="checkbox"/>				Cord, cables tools <input type="checkbox"/>				
Cold Stress <input type="checkbox"/>				Overexertion <input type="checkbox"/>				Slips, trip and falls <input type="checkbox"/>				
Dust/Mist Fume/ Odour <input type="checkbox"/>				Awkward position <input type="checkbox"/>				Debris <input type="checkbox"/>				
Noise <input type="checkbox"/>				Prolonged twisting <input type="checkbox"/>				String Lines <input type="checkbox"/>				
Weather Conditions <input type="checkbox"/>				bending motion <input type="checkbox"/>				Skids <input type="checkbox"/>				
Wildlife/insects/Vegetation <input type="checkbox"/>				Working in a tight area <input type="checkbox"/>				Other (specify) <input type="checkbox"/>				
Vehilcle Traffic <input type="checkbox"/>				Lift too heavy <input type="checkbox"/>								
Uneven ground/ tirp hazards <input type="checkbox"/>				Awkward to lift <input type="checkbox"/>								
Underground Utilities <input type="checkbox"/>				Other (specify) <input type="checkbox"/>								
Overhead Utilities <input type="checkbox"/>												
Other (specify) <input type="checkbox"/>												

Step 3: Steps to control identified hazards:

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Inspected by:		Approved by:	
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Severity: High /Med / Low
 Frequency: infrequent/ occational/severaltimes per day/ ongoing
 Priority High /Med / Low