

**Step #1**

**Work Site Hazard Assessment**

**"Sample #3"**

Company:	Immediate Supervisor:	Date/Time:
Location:	Type of Operation:	Crew Size:
Assessment Team Names:		
_____		
_____		
_____		

Hazard Priority (Status)      #1 Imminent Danger      #2 Serious      #3 Minor      #4 O.K.      #5 Not Applicable (N/A)

ITEM #	STATUS (1-2-3-4-5)	HAZARDOUS ITEMS
1		Waste Disposal/Housekeeping
2		Material Storage/Handling
3		Protection to Public
4		Shoring/Sloping/Excavation
5		Water/Vibration/Erosion
6		Confined Space Entry
7		Traffic Control, Flashers, Barricades/Restrictions
8		Overhead Hazards
9		Power Pole Support
10		Underground Hazards
11		Flammables (Fire/Explosion)
12		Hazardous Chemicals (WHMIS)
13		Waste Disposal
14		Dangerous Pressure
15		Work at Heights
16		High Risk Positioning
17		Work Over Water
18		Scaffolds
19		Hoisting/Lifting
20		Cables/Ropes/Chains/Slings
21		Vehicle/Machine Condition
22		Gas (Toxic or Non-Life Supporting)
23		Electrical Wiring & Guards
24		Weather Conditions
25		Hot Work
26		Cold Work
27		Night Lighting
28		Pipe Handling
29		PPE: Basic/Specialized
30		Tie-in/Test Purge
31		Other:
32		
33		

Assessment Team Comments on Priority Items:

Item#	Priority	

Note: For corrective action, transfer information by Hazard Priority Number to Step #2 "Work Place Hazard Assessment Corrective Action"