



# SAFETY H.I.T. LIST



HAZARD ASSESSMENT       INSPECTION       TOOLBOX TALK

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Safety Rep: \_\_\_\_\_

### Pre-Start Checklist

Completed By: \_\_\_\_\_ Date \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Construction Site Signage | <input type="checkbox"/> Sub-Contractor Orientation          | <input type="checkbox"/> Public Protection |
| <input type="checkbox"/> Contact Numbers           | <input type="checkbox"/> Workplace Safety Act & Regulation   | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> MSDS Sheets               | <input type="checkbox"/> Communication Device                | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Fire Extinguisher         | <input type="checkbox"/> First Aid Supply/Eyewash            | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Washroom Facility         | <input type="checkbox"/> Excavation permit/Utility Clearance | <input type="checkbox"/> Other: _____      |

*NOTE: If any items are missing, contact the Owner/Prime Contractor prior to startup.*

### Hazard/Inspection Checklist

Completed By: \_\_\_\_\_ Date \_\_\_\_\_

- |                           |                          |                                |
|---------------------------|--------------------------|--------------------------------|
| OK Fix Emergency Response | OK Fix PPE               | OK Fix Tools & Equipment       |
| OK Fix First Aid Kit      | OK Fix Fire Extinguisher | OK Fix Housekeeping            |
| OK Fix Ladders/Walkways   | OK Fix Signage           | OK Fix Guardrail               |
| OK Fix Lockout/Tagout     | OK Fix WHMIS/MSDS        | OK Fix Utilities (Marked)      |
| OK Fix Electrical Panel   | OK Fix Access/Egress     | OK Fix Heights/Fall Protection |
| OK Fix Other: _____       | OK Fix Other: _____      | OK Fix Other: _____            |

*Identify the task and rank hazards, and then identify the plans to eliminate or control the hazard.  
1-Immediate danger, 2-Serious Injury, 3- Minor, 4- Negligible, 5- Not applicable  
A-Probable, B- Reasonably probable, C- Remote, D- Extremely Remote*

HAZARD	Rank	Control(s)	Date	By Whom

### Toolbox Talk

Topics Discussed	Worker's Comments	Corrective Action Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attendance: \_\_\_\_\_

Proud Supporters of:



*"Practical Solutions For A Safer Workplace"*

Builder / Prime:

Location: