



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/SDS	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: _____

Below, identify the hazards, rank the hazards, and identify the plans to eliminate or control the hazards.
 1 - Immediate/Sever Danger, 2 - Serious Injury, 3 - Minor, 4 - Negligible, 5 - Not applicable
 A - Highly Probable, B - Reasonably Probable, C - Remote, D - Extremely Remote

Identified Hazards	Rank	Control(s)	Action By	Date Completed

Toolbox Talk: Topics Discussed Worker's Comments Corrective Action Taken

Attendance: _____
