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| **Hazard Assessment Checklist** | | | | |
| **Community Name:** | | **Address: Date/Time:** | | |
| **Assessment Team: Name Position** | | | | |
| **\*Severity**   1. Fatality of permanent total loss disability 2. Loss time injury 3. Reportable injury, no loss time 4. Minor medical treatment | | **\* Probability**  **1. Like to occur immediately 2. Probable in time 3. Possible in time 4. Remotely possible** | | \* Frequency  1. > 75% of day 2. 50% to 75% of day 3. 25% to 50 % of day  4. < 25% of day |
| **ITEM #** | **IDENTIFIED HAZARDS**  **(ACTIVITIES AND CONDITIONS)** | **\*Severity/**  **Probability/Frequency** | **Corrective Action** | |
| 1 | Housekeeping |  |  | |
| 2 | Material Storage |  |  | |
| 3 | Waste Disposal |  |  | |
| 4 | Lighting |  |  | |
| 5 | Ventilation |  |  | |
| 6 | Extreme Temperatures (Cold/Hot) |  |  | |
| 7 | Radiation Exposure |  |  | |
| 8 | Gas (Toxic or Non-Life-Supporting) |  |  | |
| 9 | Flammables (Fire/Explosion) |  |  | |
| 10 | Dangerous Pressure |  |  | |
| 11 | Chemicals |  |  | |
| 12 | Hazardous Materials (WHMIS) |  |  | |
| 13 | High Risk Positioning |  |  | |
| 14 | Electrical Hazards |  |  | |
| 15 | Overhead Hazards |  |  | |
| 16 | Underground Hazards |  |  | |
| 17 | Confined Space Entry |  |  | |
| 18 | Excavation |  |  | |
| 19 | Restricted Access/Egress |  |  | |
| 20 | Ladders |  |  | |
| 21 | Work at Heights |  |  | |
| 22 | Scaffolds |  |  | |
| 23 | Work over Water |  |  | |
| 24 | Major Lifts (Hoisting) |  |  | |
| 25 | Vehicles |  |  | |
| 26 | Mobile Equipment |  |  | |
| 27 | High Traffic |  |  | |
| 28 | Power Tools |  |  | |
| 29 | Permits |  |  | |
| 30 | Communications/Working Alone |  |  | |