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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 immediately2. Probable in time3. Possible in time4. Remotely possible**  | \* Frequency 1. > 75% of day2. 50% to 75% of day3. 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 |  |  |