DALHOUSIE UNIVERSITY

Department of
Facilities Management
Occupational Health and Safety

Job or Project Hazard Assessment Worksheet

Date of Assessment:	Location of Job:

Assessment Completed By:

Who is performing work: Facilities Management   Yes
Contractor   Yes

Name of Contractor / Company:

Name of Facilities Management Project Leader:

Which of the following will / could be affected: University Staff	Yes	No
Students	Yes	No
Surrounding Community	Yes	No
General Public	Yes	No
Contractors / Constructors	Yes	No

Hazard Identification Checklist

This pre job hazard assessment should be completed prior to starting any new job or project. Any additional identified hazards that are not listed below should be noted on attached sheets with control measures identified.

Site Specific Hazards

Overhead power lines	Y / N	Underground fibre optic cables	Y / N	Red Coded Labs	Y / N
Overhead phone lines	Y / N	Tunnel System	Y / N	Working Alone	Y / N
Underground power lines	Y / N	Furnace oil tanks	Y / N	High pressure lines	Y / N
Underground gas lines	Y / N	Propane Tanks	Y / N	Working at Heights	Y / N
Water and sewer lines	Y / N	Propane lines	Y / N	Inhalation Hazards	Y / N
Underground phone cables	Y / N	Electrical Vaults	Y / N	Other: (Attach notes.)	Y / N

Physical Hazards

Cold	Y / N	Noise	Y / N	Steam lines	Y / N
Heat	Y / N	Inadequate lighting	Y / N	Cranes, chain hoists, slings	Y / N
Confined Spaces	Y / N	Vibration	Y / N	Working at heights	Y / N
Electrical equipment	Y / N	Rotating equipment	Y / N	Energized equipment	Y / N
Hazardous atmosphere	Y / N	Ignition sources	Y / N	Other: (Attach notes.)	Y / N

Material Handling	Y / N	Tripping Hazards	Y / N	
Heavy Lifting	Y / N	Hydraulic lines	Y / N	

Hazardous Materials / Products

Acids	Y / N	Corrosive Materials	Y / N	Halon Suppression Systems	Y / N
Asbestos	Y / N	Flammable Materials	Y / N	Co2 Suppression Systems	Y / N
Blood Borne Pathogens	Y / N	Radioactive Materials	Y / N	Lead	Y / N
Mould	Y / N	Solvents	Y / N	Sewage	Y / N
Caustic Solutions	Y / N	PCB's (Ballasts)	Y / N	Other: (Attach Notes)	Y / N
Chemical Hazards	Y / N	Mercury (Florescent Lights)	Y / N		
Compressed Gases	Y / N	Ozone Depleting Refrigerants	Y / N		

Permits Required

	Permit Required		Permit Approved		Comments
Electrical Permit	Yes	No	Yes	No	
Excavation Permit	Yes	No	Yes	No	
Confined Space Entry Permit	Yes	No	Yes	No	
Hot Work Permit	Yes	No	Yes	No	
Lab Entry Permit	Yes	No	Yes	No	
Thermal Plant Permit	Yes	No	Yes	No	
Lock Out / Tag Out	Yes	No	Yes	No	
Red Code Lab Permit	Yes	No	Yes	No	
Welding Permit	Yes	No	Yes	No	

Personal Protective Equipment Required
NOTE: A positive response in one, or more, of the following categories is an indication of the need for that type of PPE. **REMEMBER:** Multiple choices can exist within each category. Supervisors and employees are responsible for choosing the correct type of PPE for each specific hazard and recording their choices as attachments to this form.

Head Protection	Y / N	Safety Goggles	Y / N	Air Supply	Y / N
Hand Protection	Y / N	Face Shield	Y / N	Air Exhaust	Y / N
Arm Protection	Y / N	Arc Flash Suits	Y / N	Temporary Railings	Y / N
Safety Boots	Y / N	Dust Masks	Y / N	Netting	Y / N

Body Protection	Y / N	Respirators	Y / N	Other: (Attach Notes)	Y / N
Hearing Protection	Y / N	SCB Apparatus	Y / N		
Coveralls	Y / N	Fall Arrest System	Y / N		
Safety Glasses	Y / N	Screens	Y / N		

Job Hazard Analysis

Basic Job Steps	**Hazards**	**Control Measures**
Break job down into individual steps. Each step should accomplish a major task.	Identify the hazards associated with each step.	List the control measures required to minimize or eliminate the hazards associated with each step. Be specific.

Remember when completing this Hazard Assessment Worksheet hazards in addition to those may exist at any worksite.

Is there any other information that should be noted and acted upon to ensure the safety of all employees?   Yes   No

_____   _____

Project Leader   Date

_____   _____

Electrical Shop Supervisor   Date

_____   _____

Carpentry Shop Supervisor   Date

_____   _____

Mechanical Shop Supervisor   Date

_____   _____

Zone Supervisor   Date

All individuals working on this project must sign below, prior to beginning work, to confirm that they have read this job / project hazard assessment, understand the hazards that exist and that they will implement all required control measures in order to ensure their own safety and the safety of others at the workplace.

_____   _____

_____   _____

_____   _____

_____   _____