

## Department of Facilities Management

Please complete this assessment before starting a job or if there is a change in workplace conditions. Each day the job continues this assessment is to be reviewed, before starting work, to ensure no new hazards have developed.

<b>Shop:</b>	<b>Date:</b>	<b>Time:</b>
<b>Job:</b>	<b>Location of Job:</b>	<b>Job No.</b>

All of the employees from the shop performing the job must participate in filling out the following. Only check the things that apply to the job you are performing. List all identified hazards in the table below then list the control measures necessary to eliminate or minimize each hazard.

<p><b>Physical Hazards</b></p> <input type="checkbox"/> Loud Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Exposure to Cold <input type="checkbox"/> Exposure to the Sun <input type="checkbox"/> Vibration <input type="checkbox"/> Poor Lighting / Visibility <input type="checkbox"/> Dust <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Poor Weather Conditions <input type="checkbox"/> Poor Air Quality <input type="checkbox"/> Repetitive Motion Activities <p><b>Work Related Hazards</b></p> <input type="checkbox"/> Working at Height <input type="checkbox"/> Confined Spaces Activities <input type="checkbox"/> Lock Out Tag Out <input type="checkbox"/> Unguarded Equipment <input type="checkbox"/> Spills on Floor <input type="checkbox"/> Tripping Hazards <input type="checkbox"/> Shocks or Electrocutation <input type="checkbox"/> Lifting <input type="checkbox"/> Falling or Overhead Objects	<p><b>Hazardous Materials</b></p> <input type="checkbox"/> Liquids <input type="checkbox"/> Vapours and Fumes <input type="checkbox"/> Compressed Gases <input type="checkbox"/> Flammables / Combustibles <input type="checkbox"/> Pesticides / Herbicides <input type="checkbox"/> Asbestos <input type="checkbox"/> Silica <input type="checkbox"/> Airborne Lead <p><b>Biological Hazards</b></p> <input type="checkbox"/> Mold, mildew, fungus <input type="checkbox"/> Viruses / Bacteria <input type="checkbox"/> Bites from Insects <input type="checkbox"/> Birds and Animal Excrement <input type="checkbox"/> Blood and Other Body Fluids <input type="checkbox"/> Plants <p><b>Personal Hazards or Limitations</b></p> <input type="checkbox"/> Items to be lifted are to Heavy <input type="checkbox"/> Properly Trained to Perform Job <input type="checkbox"/> Physically Capable to Perform Work <input type="checkbox"/> Influenced by Medication, Alcohol, Drugs	<input type="checkbox"/> Stress <input type="checkbox"/> Shift Work <input type="checkbox"/> Working Alone <input type="checkbox"/> Properly Trained in Use of Tools And Equipment for Job <input type="checkbox"/> Clear Instructions for Job <p><b><u>Required PPE Provided</u></b></p> <input type="checkbox"/> Safety Boots <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Goggles, Glasses, Shield <input type="checkbox"/> Required Mask / Respirator <input type="checkbox"/> Gloves ( Leather, Required Rubber, Kevlar, etc.) <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Coveralls, Tyvec Suit <input type="checkbox"/> Rain Gear Other: _____ _____ _____
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List each hazard and the control measures that will be implemented to deal with the hazard. If additional space is required use the back of this form.

Hazard	Control Measures

Do existing job procedures apply? **Y N**

Is a Confined Space Entry or Hot Work Permit required? **Y N**

**\*\* If a job is considered high risk a written safe job procedure must be prepared before starting the job. \*\***