

SITE SAFETY ASSESSMENT

JOB NAME: _____ **JOB #** _____

ADDRESS _____ **YEAR BUILT:** _____

LOSS TYPE _____ **TASK TYPE:** _____ **CRITICAL TASK?** Y N If yes, see back page

Are other site-specific Notices, Permits, Plans required (including Working Alone)? If yes, list on the back page Y N

INSTRUCTIONS: For detailed instructions on filling out this form, see the SSA Guide. You will need to complete a new form as conditions change. Always be alert to potential hazards that may arise and not mentioned below. Fill out the boxes below by identifying **RISK CLASSIFICATION** and then **CONTROL NUMBER**. Ex. L 2

RISK CLASSIFICATIONS: See page 2 for the risk matrix L Lo M Moderat H High w e	Choose the CONTROLS REQUIRED for this job or task to reduce hazard 1 Elimination 2 Isolate/Safeguard 3 Engineering 4 Safe Job Procedure 5 PPE
---	---

Check all Personal Protective Equipment required on this Site/Task

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
--------------------------	---	--------------------------	---	--------------------------	---	-------------------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---

SLIP/TRIP/FALL HAZARD	PERSON RESPONSIBLE:	DATE CORRECTED:
------------------------------	----------------------------	------------------------

NOTES:

Holes in Floor	Work above 25'	Poor Lighting	Ice/Snow
Railing Missing	Ladders	Site Cluttered	Slippery Surfaces
Work above 10'	Scaffolding	Loose step covering	Watch your step!

PHYSICAL HAZARD	PERSON RESPONSIBLE:	DATE CORRECTED:
------------------------	----------------------------	------------------------

NOTES:

Structure unsafe	Flying debris	Razor knife	Animal related
Floor unsafe	Sharp Objects	Forceful push/pulling	Traffic
Ceiling unsafe	Ventilation	Awkward lifting	Extreme cold/heat
Falling object	Power Tools	Heavy lifting	Ask for help when needed!

MECHANICAL HAZARD	PERSON RESPONSIBLE:	DATE CORRECTED:
--------------------------	----------------------------	------------------------

NOTES:

Crushing/Cutting	Mobile equipment	Exposed moving parts	Pilot lights
Crushing/Falling	Pressure Lines	Overhead	Furnace backdraft
Falling Objects	Underground	Excavations/Wells	Lockout/ Tagout required?

ELECTRICAL HAZARD	PERSON RESPONSIBLE:	DATE CORRECTED:
--------------------------	----------------------------	------------------------

NOTES:

Exposed Electrical panels	Exposed/Bare wires	Overhead wires
Underground wires/conduits	Water/wet areas	Concealed wires
Energized equipment		Lockout/Tagout required?

CHEMICAL HAZARD	PERSON RESPONSIBLE:	DATE CORRECTED:
------------------------	----------------------------	------------------------

NOTES:

Flammables	Cleaning Products	Spontaneous combustion	Is the SDS available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Propane	Hazardous Atmosphere	Volatile organic compounds (VOC's)	
Natural gas/oil	Hazardous gases		
Smoke/fumes	Unidentified chemicals		

HAZARDOUS MATERIALS	PERSON RESPONSIBLE:	DATE CORRECTED:
----------------------------	----------------------------	------------------------

NOTES:

Asbestos	Mould / Fungi	PCB's	Haz Mat Survey Conducted?	
Lead	Animal droppings	CFC's	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mercury	Sewage	Radioactive materials	<input type="checkbox"/> Pending	<input type="checkbox"/> Posted
Silica	Bodily fluids			

CONFINED SPACE HAZARD - If you answer "yes" to all 4 questions, then a specific work and rescue procedures may be required. Refer to OHSR 9.1 more information. **ONLY TRAINED & QUALIFIED WORKERS MAY ENTER A CONFINED SPACE.** If you are unsure, contact your supervisor right away!

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the space have limited or restricted means for entry or exit that may complicate emergency response service?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the space enclosed or partially enclosed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the space large enough and configured in such a way that a person could enter to perform work?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the space not designed or not intended for continuous human occupancy?


COMMUNICATION TO WORKERS/SAFETY HAZARD DISCUSSION (PRINT AND INITIAL NAMES OF ATTENDEES) add to back if required

Form completed by:	Date:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Form Reviewed by:	Date:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Workers Signature:			

Instructions

Steps to completing the Site Safety Assessment:	<ol style="list-style-type: none"> 1. Identify Hazards on a job site 2. Assign risk level for each identified hazard 3. Define controls for identified hazards 4. Assign responsibility to implement controls 5. Determine the required personal protective equipment PPE 6. Communicate the hazards to workers 7. Document the process
Requirements:	<ul style="list-style-type: none"> ✓ Completion of an SSA is required on any jobsite before work begins ✓ Updating the SSA is required as conditions change on the job site ✓ Completion of a new SSA is required at the start of a new shift
Worker Responsibility:	<ul style="list-style-type: none"> ✓ Complete an SSA before beginning work ✓ Involve coworkers in the SSA process ✓ Update the SSA as conditions change ✓ Post a copy of the SSA at the entrance to the work area
Supervisor Responsibility:	<ul style="list-style-type: none"> ✓ Ensure the SSA has be completed properly ✓ Ensure any assigned actions to implement controls have been assigned and completed ✓ Ensure an SSA has been signed and posted ✓ Communicate any updates to workers
Critical task:	<ul style="list-style-type: none"> ✓ If you check yes, to a critical task; develop and follow the Safe Work / Job Procedures for that task. ✓ Ensure training and supervision is provided.

PPE Legend:	 Disposable Coveralls	 Safety Glasses	 Hard Hat	 Gloves	 Fall Protection
	 Steel Toed boots	 Full Face Respirator	 Hearing Protection	 Half Mask respirator	 Safety Vest

<p>Use this Risk Matrix to calculate your risk score:</p> <p><i>For more information on how to use the risk matrix, go to www.bccsa.ca</i></p>	<p>RISK CLASSIFICATIONS</p>  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th colspan="3">RISK SCORE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	RISK SCORE			3	4	5	2	3	4	1	2	3		1	2	<p>Likelihood means the probability of occurrence. The chances of something happening.</p> <p>1 = unlikely 2 = Occasional 3 = Likely</p> <p>Potential Impact means the amount of harm that can be created by the risk. It is also called the severity of harm.</p> <p>1 = Low or Insignificant impact 2 = Moderate impact 3 = High or Catastrophic impact</p>
RISK SCORE																	
3	4	5															
2	3	4															
1	2	3															
	1	2															

Notes (list all extra notices, permits and plans related to this work) here:

Extra Worker Signatures:
