

**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 Low M Moderate H High

Choose the **CONTROLS REQUIRED** for this job or task to reduce hazard  
 1 Elimination 2 Isolate/Safeguard 3 Engineering 4 Safe Job Procedures 5 PPE

**Check all required Personal Protective Equipment on this Site/Task (as required):**

**SLIP/TRIP/FALL HAZARD** | **PERSON RESPONSIBLE:** \_\_\_\_\_ | **DATE CORRECTED:** \_\_\_\_\_

**NOTES:**

<input type="checkbox"/>	<input type="checkbox"/>	Holes in Floor	<input type="checkbox"/>	<input type="checkbox"/>	Work above 25'	<input type="checkbox"/>	<input type="checkbox"/>	Poor Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Ice/Snow
<input type="checkbox"/>	<input type="checkbox"/>	Railing Missing	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	Site Cluttered	<input type="checkbox"/>	<input type="checkbox"/>	Slippery Surfaces
<input type="checkbox"/>	<input type="checkbox"/>	Work above 10'	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	Loose step covering	<b>Watch your step!</b>		

**PHYSICAL HAZARD** | **PERSON RESPONSIBLE:** \_\_\_\_\_ | **DATE CORRECTED:** \_\_\_\_\_

**NOTES:**

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

**MECHANICAL HAZARD** | **PERSON RESPONSIBLE:** \_\_\_\_\_ | **DATE CORRECTED:** \_\_\_\_\_

**NOTES:**

<input type="checkbox"/>	<input type="checkbox"/>	Crushing/Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Mobile equipment	<input type="checkbox"/>	<input type="checkbox"/>	Exposed moving parts	<input type="checkbox"/>	<input type="checkbox"/>	Pilot lights
<input type="checkbox"/>	<input type="checkbox"/>	Crushing/Falling	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Lines	<input type="checkbox"/>	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	Furnace backdraft
<input type="checkbox"/>	<input type="checkbox"/>	Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	Excavations/Wells	<b>Lockout/ Tagout required?</b>		

**ELECTRICAL HAZARD** | **PERSON RESPONSIBLE:** \_\_\_\_\_ | **DATE CORRECTED:** \_\_\_\_\_

**NOTES:**

<input type="checkbox"/>	<input type="checkbox"/>	Exposed Electrical panels	<input type="checkbox"/>	<input type="checkbox"/>	Exposed/Bare wires	<input type="checkbox"/>	<input type="checkbox"/>	Overhead wires
<input type="checkbox"/>	<input type="checkbox"/>	Underground wires/conduits	<input type="checkbox"/>	<input type="checkbox"/>	Water/wet areas	<input type="checkbox"/>	<input type="checkbox"/>	Concealed wires
<input type="checkbox"/>	<input type="checkbox"/>	Energized equipment	<b>Lockout/Tagout required?</b>					

**CHEMICAL HAZARD** | **PERSON RESPONSIBLE:** \_\_\_\_\_ | **DATE CORRECTED:** \_\_\_\_\_

**NOTES:**

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

**HAZARDOUS MATERIALS** | **PERSON RESPONSIBLE:** \_\_\_\_\_ | **DATE CORRECTED:** \_\_\_\_\_

**NOTES:**

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

**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!

Yes  No Does the space have limited or restricted means for entry or exit that may complicate emergency response service?  
 Yes  No Is the space enclosed or partially enclosed?  
 Yes  No Is the space large enough and configured in such a way that a person could enter to perform work?  
 Yes  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**

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

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

<p><b>Use this Risk Matrix to calculate your risk score:</b></p> <p><i>For more information on how to use the risk matrix, go to <a href="http://www.bccsa.ca">www.bccsa.ca</a></i></p>	<p><b>RISK CLASSIFICATIONS</b></p> <table border="1"> <tr> <td colspan="4"><b>RISK SCORE</b></td> <td rowspan="2">  HIGH   MODERATE   LOW         </td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> </table> <p>↑ Likelihood</p> <p>→ Potential Impact</p>	<b>RISK SCORE</b>				HIGH MODERATE LOW	3	4	5	6	2	3	4	5		1	2	3	4			1	2	3		<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>
	<b>RISK SCORE</b>				HIGH MODERATE LOW																					
3	4	5	6																							
2	3	4	5																							
1	2	3	4																							
	1	2	3																							

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

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**Extra Worker Signatures:**

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