

**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 Personal Protective Equipment required on this Site/Task

**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	<b>Haz Mat Survey Conducted?</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>	Animal droppings	<input type="checkbox"/>	<input type="checkbox"/>	CFC's	<input checked="" 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!

<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?		
<b>COMMUNICATION TO WORKERS/SAFETY HAZARD DISCUSSION (PRINT AND INITIAL NAMES OF ATTENDEES)</b> 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:				

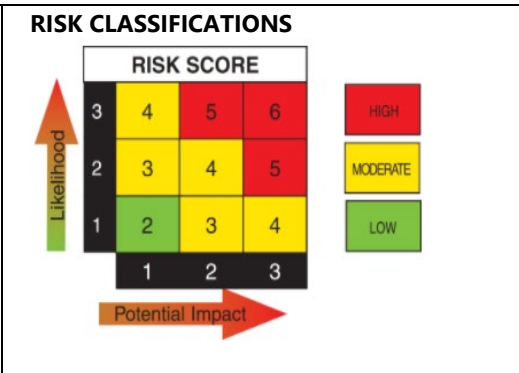
**Instructions**

<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> </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
					 Safety Vest

**Use this Risk Matrix to calculate your risk score:**

*For more information on how to use the risk matrix, go to [www.bccsa.ca](http://www.bccsa.ca)*



Likelihood means the probability of occurrence. The chances of something happening.  
 1 = unlikely  
 2 = Occasional  
 3 = Likely

Potential Impact means the amount of harm that can be created by the risk. It is also called the severity of harm.  
 1 = Low or Insignificant impact  
 2 = Moderate impact  
 3 = High or Catastrophic impact

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


**Extra Worker Signatures:**
