

Job Name: \_\_\_\_\_ Job #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ Loss Type: \_\_\_\_\_

Risk Classifications	Low (Green)	Moderate (Yellow)	High (Red)
	Please see guide to SSA " Risk Matrix "		
Controls Required	<input checked="" type="checkbox"/> Communicate to workers <input type="checkbox"/> Engineering controls <b>3</b>	<input type="checkbox"/> Eliminate the hazard <input type="checkbox"/> Safe work procedures <b>1</b> <b>4</b>	<input type="checkbox"/> Isolate/safe guard hazard <input type="checkbox"/> Personal protective equip. <b>2</b> <b>5</b>
Instructions	Boxes should be filled in first by RISK CLASSIFICATION and then CONTROL NUMBER(S) Example: M 2 Complete new form as conditions change. Be alert to hazards not mentioned below. Please see guide to SSA		

Slip/Trip/Fall Hazard	<input type="checkbox"/> Holes in floor <input type="checkbox"/> Railing missing <input type="checkbox"/> Work above 10' Person Responsible: _____ Notes: _____	<input type="checkbox"/> Work above 25' <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding Date Corrected: _____	<input type="checkbox"/> Poor lighting <input type="checkbox"/> Site cluttered <input type="checkbox"/> Loose step covering Date Corrected: _____	<input type="checkbox"/> Ice/snow <input type="checkbox"/> Slippery surfaces Watch your step.....
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Physical Hazard	<input type="checkbox"/> Structure unsafe <input type="checkbox"/> Floor unsafe <input type="checkbox"/> Ceiling unsafe <input type="checkbox"/> Falling object Person Responsible: _____ Notes: _____	<input type="checkbox"/> Flying debris <input type="checkbox"/> Sharp objects <input type="checkbox"/> Ventilation <input type="checkbox"/> Power tools Date Corrected: _____	<input type="checkbox"/> Razor knife <input type="checkbox"/> Forceful push/pulling <input type="checkbox"/> Awkward lifting <input type="checkbox"/> Heavy lifting Date Corrected: _____	<input type="checkbox"/> Animal related <input type="checkbox"/> Traffic <input type="checkbox"/> Extreme heat/cold Take care when lifting.....
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Mechanical Hazard	<input type="checkbox"/> Crushing/cutting <input type="checkbox"/> Crushing/falling <input type="checkbox"/> Falling objects Person Responsible: _____ Notes: _____	<input type="checkbox"/> Mobile equipment <input type="checkbox"/> Pressure lines <input type="checkbox"/> Underground/excavation/wells Date Corrected: _____	<input type="checkbox"/> Exposed moving parts <input type="checkbox"/> Overhead Date Corrected: _____	<input type="checkbox"/> Pilot lights <input type="checkbox"/> Furnace backdraft Lock out / Tag out required?
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Electrical Hazard	<input type="checkbox"/> Exposed electrical panels <input type="checkbox"/> Underground wires/conduits <input type="checkbox"/> Energized equipment Person Responsible: _____ Notes: _____	<input type="checkbox"/> Exposed/bare wires <input type="checkbox"/> Water/wet areas Date Corrected: _____	<input type="checkbox"/> Overhead wires <input type="checkbox"/> Concealed wires Lock out / Tag out required?
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Chemical Hazard	<input type="checkbox"/> Flammables <input type="checkbox"/> Propane <input type="checkbox"/> Natural gas/oil Person Responsible: _____ Notes: _____	<input type="checkbox"/> Cleaning products <input type="checkbox"/> Smoke/fume <input type="checkbox"/> Volatile organic compounds (VOCs) Date Corrected: _____	<input type="checkbox"/> Hazardous gases <input type="checkbox"/> Hazardous Atmosphere Date Corrected: _____	<input type="checkbox"/> Unidentified chemicals <input type="checkbox"/> Spontaneous combustion Safety Data Sheet Available?
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Hazardous Materials	<input type="checkbox"/> Asbestos <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Silica Person Responsible: _____ Notes: _____	<input type="checkbox"/> Mould / Fungi <input type="checkbox"/> Animal droppings <input type="checkbox"/> Sewage <input type="checkbox"/> Bodily fluids Date Corrected: _____	<input type="checkbox"/> PCB's <input type="checkbox"/> CFC's <input type="checkbox"/> Radioactive materials Date Corrected: _____	Haz Mat Survey Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Posted
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Confined Space Hazard	Confined Space Entry: If you answer "yes" to all 4 questions then a specific work and rescue procedure may be required If you are unsure of the answer, contact your supervisor. Only suitably trained workers may enter a Confined Space.		
	<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?

**Check Box Of Required Personal Protective Equipment On This Site**

Are other site specific Notices / Permits / Plans required (including Working Alone)? **Use notes on reverse** Yes  No

**Site Safety Assessment Meeting - Safety Hazard Discussion (PRINT NAMES OF ATTENDEES)**

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Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

PLEASE PRINT NAME

PLEASE PRINT NAME

