

ACKNOWLEDGEMENT OF HAZARDS

It is important that all hazards have plans to eliminate or control them, and that plans are properly executed.

STEP 4

Complete, review and sign this declaration.

All participants to print and sign prior to commencing work and initial when task is completed (or at end of shift).

I will wear all PPE required for this task, and will proceed safely. I am aware of all hazards present in this task, and will execute all steps required to eliminate or control them.

Print Name	Signature	Initial

STEP 5

To be completed by site superintendent.

Complete Prior to Commencing Job

	Y	N
If needed, are warning ribbons/signs in place?	<input type="checkbox"/>	<input type="checkbox"/>
If the worker is working alone, are there proper safety procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>

Details/Comments: _____

Complete at Job Closeout or at End of Shift

	Y	N
Was the area cleaned up at end of job / shift?	<input type="checkbox"/>	<input type="checkbox"/>
Are there hazards remaining?	<input type="checkbox"/>	<input type="checkbox"/>
Are all permits closed out?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any incidents / injuries?	<input type="checkbox"/>	<input type="checkbox"/>

Details/Comments: _____

Superintendent's Name & Signature

FIELD LEVEL HAZARD ASSESSMENT



STEP 1

Check off all activities to be undertaken.
 If an activity is not listed, describe it in the space provided.

Aerial Platform Work	<input type="checkbox"/>
Concrete	<input type="checkbox"/>
Forming (including rebar handling)	<input type="checkbox"/>
Pouring/Finishing	<input type="checkbox"/>
Sawing/Drilling/Coring	<input type="checkbox"/>
Stripping/Sealing	<input type="checkbox"/>
Construction	<input type="checkbox"/>
Backing/Blocking	<input type="checkbox"/>
Drywall (boarding/taping/patching)	<input type="checkbox"/>
Insulation	<input type="checkbox"/>
Parapet/Roof Curb	<input type="checkbox"/>
Safety Railing	<input type="checkbox"/>
Steel Stud Framing	<input type="checkbox"/>
Wood Framing	<input type="checkbox"/>
Demolition	<input type="checkbox"/>
Excavation	<input type="checkbox"/>
Bobcat Excavation	<input type="checkbox"/>
Hand Excavation	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>
Installation	<input type="checkbox"/>
Hardware (eg: door hardware, washroom accessories)	<input type="checkbox"/>
Doors/Frames (wood or hollow metal)	<input type="checkbox"/>
Millwork	<input type="checkbox"/>
Materials Handling	<input type="checkbox"/>
Painting	<input type="checkbox"/>
Describe Other Activities Below	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Additional Information

Task: _____
 Emergency Meeting Location: _____
 Date: _____ Permit Job #: _____

Special Notes

	Y	N
Are powder actuated tools used?	<input type="checkbox"/>	<input type="checkbox"/>
Is dust or infection control a concern?	<input type="checkbox"/>	<input type="checkbox"/>
Are there potential risks to the public?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to any of the above, ensure that these specific risks are addressed in Steps 2 & 3

