



Health and Safety Form 2.0

BRID Site Specific Hazard Assessment

The purpose of this assessment is to identify 'day-of-the-job' hazards associated with work tasks, to ensure hazards are controlled prior to starting work. Complete this assessment prior to the start of each day or when conditions of work have changed. Always check the condition of all tools and equipment and your work area for hazards *prior* to starting work. Provide completed copies of this form to your supervisor. For assistance contact your supervisor or the Health and Safety officer.

WORK LOCATION:	IRP or WO# (Work Order)	Work Crew:

DESCRIPTION OF JOB OR TASK:

SUPERVISOR IN CHARGE:	PHONE/CELL:
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ASSESSMENT DATE (D/M/Y):	COMPLETED BY:
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POTENTIAL HAZARDS (Check all that apply and add others as required)

<input type="checkbox"/> Confined Space	<input type="checkbox"/> Extreme heat / cold	<input type="checkbox"/> Obstructions	<input type="checkbox"/> Water	<input type="checkbox"/> Fall hazards
<input type="checkbox"/> Working Alone	<input type="checkbox"/> Workplace Violence/Harassment	<input type="checkbox"/> Electrical	<input type="checkbox"/> Slip/Trip Hazards	<input type="checkbox"/> Tools / Equipment
<input type="checkbox"/> Awkward postures or lifting	<input type="checkbox"/> Driving / Traffic	<input type="checkbox"/> Lighting	<input type="checkbox"/> Mechanical	<input type="checkbox"/>
<input type="checkbox"/> Hazardous gases/chemicals	<input type="checkbox"/> Sharp objects	<input type="checkbox"/> Moving Equipment	<input type="checkbox"/> Entrapment	<input type="checkbox"/>
<input type="checkbox"/> Open trenches	<input type="checkbox"/> Other utilities	<input type="checkbox"/> Hoisting/crane	<input type="checkbox"/> Noise	<input type="checkbox"/>

OTHER HAZARDS OR INFORMATION:

REQUIRED HAZARD CONTROLS (Check all that apply and add additional controls in the available space).

Lockout tag out procedure	<input type="checkbox"/>	Mechanical ventilation	<input type="checkbox"/>
Hard hat / Protective gloves	<input type="checkbox"/>	Ladders for safe access and egress	<input type="checkbox"/>
Cold weather clothing / FR Coveralls	<input type="checkbox"/>	Mechanical aids (dolly etc.)	<input type="checkbox"/>
Respirator (employee fit tested)	<input type="checkbox"/>	Atmospheric testing	<input type="checkbox"/>
Eye protection / Hearing protection	<input type="checkbox"/>	Emergency or rescue procedure	<input type="checkbox"/>
Protective footwear	<input type="checkbox"/>	Scaffolds (Inspected and tagged)	<input type="checkbox"/>
Signage / High visibility clothing	<input type="checkbox"/>	Life jacket	<input type="checkbox"/>
Training / Safe Work Procedures	<input type="checkbox"/>	First calls done(onsite)	<input type="checkbox"/>
Barricades	<input type="checkbox"/>	Machine guarding	<input type="checkbox"/>
Stand by worker / Get more help	<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>
Confined Space Entry Procedures	<input type="checkbox"/>		<input type="checkbox"/>
Additional Lighting (e.g. Flashlight)	<input type="checkbox"/>		<input type="checkbox"/>
Communication device / Aware 360	<input type="checkbox"/>		<input type="checkbox"/>
Fall protection	<input type="checkbox"/>		<input type="checkbox"/>

Additional Information or Comments (use back of page if necessary):
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BRID fleets and/or equipment on site					
Unit number	Mechanically sound / Free of unreported damage	Safe to operate	Fire Extinguisher	First Aid Kit	Operator's name (PLEASE PRINT)

Additional work Crew members:

All First Aid Incidents must be recorded on the appropriate form and Submitted to the Health and Safety Officer.

Additional comments: