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| --- | --- | --- | --- | --- |
| NAME |  |  | DATE |  |
| TASK |  | | | |
| LOCATION |  | | | |

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| 1. **STOP AND THINK THROUGH THE JOB** | **Yes** | **No** | **NA** |
| Do you understand the task? |  |  |  |
| Are you trained and competent to do the task? |  |  |  |
| Are the tools/equipment in safe condition and appropriate for task? |  |  |  |
| Do you have the required PPE? |  |  |  |
| Is the work area safe? |  |  |  |
| Is the impact area of your task free from other people? |  |  |  |
| Do you have the required high risk permits? *(e.g. hot work, confined space, working at heights, high voltage, excavation or ground disturbance)* |  |  |  |
| ***If No to any of these questions, DO NOT START - see your Supervis*or.** | | | |
| Is there a procedure or JSA for the task? |  |  |  |
| ***If No, consider doing a JSA.*** | | | |

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| 1. **IDENTIFY THE HAZARDS** | | | | | | |
| 1.Health |  | 6.Hand Tools |  | 11.Falling/Unsecured Object |  | |
| 2.Dust |  | 7.Electrical |  | 12.Spills |  | |
| 3.Noise |  | 8.Guarding/Barricade |  | 13.Flora/ Fauna |  | |
| 4.Hazardous Substance |  | 9.Housekeeping |  | 14.Waste |  | |
| 5.Vehicles/Equipment |  | 10.Ground Conditions |  | 15.Other |  | |
| If other, please describe: | |  | | | |  |
|  | | | | | | |

***Identified hazards are to be addressed overleaf.***

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| 1. **ASSESS THE RISK (Complete risk assessment overleaf)** | **Yes** | **No** |
| Is the risk level high or extreme? |  |  |
| ***If Yes, complete a JSA (List all hazards, scores and controls over leaf)*** |  |  |

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| 1. **MAKE THE CHANGE** |
| Implement controls and review Take 5 if the task changes. |

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| 1. **DO THE TASK SAFELY** |
| If you are unsure of your task or don’t feel safe, **STOP** and contact your Supervisor. |

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| **HAZARD** | **CONTROL** | **RISK** |
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