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

|  |  |  |  |
| --- | --- | --- | --- |
| 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.***

|  |  |  |
| --- | --- | --- |
| 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**
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| 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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