

## Site Specific Hazard Assessment

**Name of Worker:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Location (work site, building, building, or area):**

**Description of Task & Hazard**

<input type="checkbox"/> Level 4 Severe: Stop and Discuss	Do not continue the task until contacting the supervisor to discuss how to control the hazard
<input type="checkbox"/> Level 3 High: Stop and Asses	Consider if it is possible to eliminate the hazard, or if the task can be done in a different way. Is it possible to postpone or not complete the hazardous part of the task?
<input type="checkbox"/> Level 2 Moderate: Pause Work	Is there anything that could be done to minimize the risk? Put in place an alternative control and reassess to see if the hazards remain.
<input type="checkbox"/> Level 1 Low: Continue Cautiously	Make sure current controls are working. Be aware that new hazards can develop as work progresses. Reassess as necessary.

**Hazard Control Action Plan: Corrective actions items to implement: how, by whom and when)**

**Communicated to:**

- Workers
- OHS Committee
- Health and safety Representative
- Other:

**Follow Up Date:** \_\_\_\_\_

**Name of Responsible Supervisor** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_