

Worker Daily Risk Assessment Checklist



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Risk Assessment Checklist

Before heading to a work environment, consider the following items. Check any that apply and initiate all appropriate corrective action measure. Ensure that all hazards are identified and controlled before proceeding to complete any work.

Date:	Location:
Name(s):	Client:
Tasks(s):	

SECTION A: POTENTIAL HAZARDS

<p>Access / Egress:</p> <input type="checkbox"/> Ladder <input type="checkbox"/> Scaffolding <input type="checkbox"/> Lighting <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Vehicle / Equipment Traffic <input type="checkbox"/> Other: _____	<p>Airborne Contaminants:</p> <input type="checkbox"/> Animal Dander <input type="checkbox"/> Wood Dust <input type="checkbox"/> Silica <input type="checkbox"/> Vapour <input type="checkbox"/> Gas <input type="checkbox"/> General Dust <input type="checkbox"/> Metal Dust <input type="checkbox"/> Fumes <input type="checkbox"/> Other: _____	<p>Hazards / Work Conducted:</p> <input type="checkbox"/> Animals <input type="checkbox"/> Asbestos <input type="checkbox"/> Biological Hazards <input type="checkbox"/> Compressed Gasses <input type="checkbox"/> Confined Space <input type="checkbox"/> Excavation / Trenching <input type="checkbox"/> Fall Hazard <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Lead <input type="checkbox"/> Powered Material Handling <input type="checkbox"/> (Hoists) <input type="checkbox"/> Mold <input type="checkbox"/> Noise <input type="checkbox"/> Overhead Work <input type="checkbox"/> Powder Actuated Tools <input type="checkbox"/> Power Hand Tools <input type="checkbox"/> Radiation <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Welding / Cutting / Soldering <input type="checkbox"/> Other Hazards: _____
<p>Electrical:</p> <input type="checkbox"/> Extension Cords (GFCI) <input type="checkbox"/> Generators <input type="checkbox"/> Power Lines (Above / Buried) <input type="checkbox"/> Exposed Energized Equipment	<p>Ergonomics:</p> <input type="checkbox"/> Lifting <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> High Force <input type="checkbox"/> Awkward Posture <input type="checkbox"/> Other: _____	
<p>Fire Hazard:</p> <input type="checkbox"/> Hot Work <input type="checkbox"/> Flammable Materials <input type="checkbox"/> Others: _____	<p>Hazardous Energy:</p> <input type="checkbox"/> Heat <input type="checkbox"/> Hydraulic <input type="checkbox"/> Stored Energy <input type="checkbox"/> Pressure <input type="checkbox"/> Other: _____	
<p>Laboratory:</p> <input type="checkbox"/> Pre-work Decontamination <input type="checkbox"/> Tool/Eq Decontamination <input type="checkbox"/> Other: _____		

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SECTION B: SAFEGUARDS

<p>Administrative Controls:</p> <input type="checkbox"/> Permit/Plan Required & Reviewed <input type="checkbox"/> Lockout <input type="checkbox"/> Confined Space Permit <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fall Protection Plan <input type="checkbox"/> Lead Work Plan <input type="checkbox"/> Energized Electrical Work Plan <input type="checkbox"/> Laboratory Work Plan / Procedures <input type="checkbox"/> Other: _____ _____	<p>Site Control:</p> <input type="checkbox"/> Secure Access / Check In <input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Traffic Control <input type="checkbox"/> Other: _____ _____	<p>Engineering Controls:</p> <input type="checkbox"/> Additional Ventilation <input type="checkbox"/> Noise Controls <input type="checkbox"/> Enclosures <input type="checkbox"/> Temporary Lighting <input type="checkbox"/> Temporary Heat <input type="checkbox"/> Electrical Disconnect <input type="checkbox"/> Electrical Shutdown <input type="checkbox"/> Building System Shutdown <input type="checkbox"/> Other: _____ _____
<p>Emergency:</p> <input type="checkbox"/> Identified means of emerg. Comm. (radio / cell phone / land line / horn) <input type="checkbox"/> Location of First Aid <input type="checkbox"/> Location of Fire Extinguisher <input type="checkbox"/> Location of Emergency Exits		

SECTION C: PERSONAL PROTECTIVE EQUIPMENT

<p>Body:</p> <input type="checkbox"/> Fire Rated Clothing <input type="checkbox"/> Coveralls <input type="checkbox"/> Fall Protection Harness <input type="checkbox"/> Other: _____ _____	<p>Foot:</p> <input type="checkbox"/> Steel Toe Boot <input type="checkbox"/> Met-Guard Boot <input type="checkbox"/> Non-Slip soled <input type="checkbox"/> Rubber Boot <input type="checkbox"/> Other: _____ _____	<p>Respiratory:</p> <input type="checkbox"/> Dust Mask <input type="checkbox"/> Half Face Respirator <input type="checkbox"/> Full Face Respirator <input type="checkbox"/> Respirator Cartridge (Purple, Yellow, Purple/Yellow Combo) <input type="checkbox"/> Other: _____ _____
<p>Hearing Protection:</p> <input type="checkbox"/> Earplugs <input type="checkbox"/> Earmuffs <input type="checkbox"/> Double Ear Plug / Muff <input type="checkbox"/> Other: _____ _____	<p>Head:</p> <input type="checkbox"/> Hard Hat <input type="checkbox"/> Arc Rated Hood <input type="checkbox"/> Other: _____ _____	<p>Hand:</p> <input type="checkbox"/> Cotton Gloves <input type="checkbox"/> Leather Gloves <input type="checkbox"/> Electrically Rated Gloves <input type="checkbox"/> Chemically Resistant Gloves (nitrile, butyl rubber, vinyl, silver shield) <input type="checkbox"/> Other: _____ _____
<p>Face:</p> <input type="checkbox"/> Impact Face Shield <input type="checkbox"/> UV / Heat Face Shield <input type="checkbox"/> Chemical Splash Face Shield <input type="checkbox"/> Other: _____ _____	<p>Eye:</p> <input type="checkbox"/> Safety Glasses (clear / shaded) <input type="checkbox"/> Dust Goggles <input type="checkbox"/> Chemical Goggles <input type="checkbox"/> Other: _____ _____	

SECTION D: TRAINING

<input type="checkbox"/> Aerial Personnel Lift / Powered Lift Platform Training <input type="checkbox"/> Asbestos Awareness Training <input type="checkbox"/> Back Protection <input type="checkbox"/> Blood Borne Pathogens <input type="checkbox"/> Confined Space Awareness <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Fall Protection	<input type="checkbox"/> Forklift Safety <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Ladder Safety <input type="checkbox"/> Lead Awareness <input type="checkbox"/> Lockout Safety <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Fit Test <input type="checkbox"/> Scaffold Safety
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<input type="checkbox"/> First Aid <input type="checkbox"/> Site Specific Orientation / Indocs Completed	Other: _____ _____
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SECTION E: TASK

Task Steps:	Hazard:	Plans to Eliminate / Control Risk:

Form Completed and reviewed prior to arriving on site by:

Print Name:	Signature:
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