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Worksite Hazard Assessment Form

The following form is to be used for Work Site Hazard Assessments. Hazard Assessment Forms can be obtained from the Regional Safety Specialist.

Job/Facility _____		Assessment Location: _____			
Date: _____		Assessment Team: _____			
Time: _____		(Name / Position)			
Reviewed By: _____					
Utilities:	Hazard Yes/No	Describe Hazard/ Control (if present on site)	Site:	Hazard Yes/No	Describe Hazard/ Control (if present)
Underground:			Confined space		
Gas			Traffic Conditions		
Electric			Speed Limits		
Telephone			Detours Required		
Television			Other Contractors		
Other			Flag People required		
Above Ground:			Dust Control		
Temporary Installations:			Visibility of Personnel		
Power Cords:			Lighting		
Transformers:			Access & Egress		
Lines			Movement of Equipment		
Emergency Services # (available?) →	YES	NO			
911 Medical			Material Handling & Stockpiling		
911 Fire			Fire Extinguishers		
911 Police			Environmental Concerns		
Gas			First Aid Station		
Electric			Bathroom Facilities		
Telephone			Storage Facilities		
Other			Violence/worker safety		
			Working Alone		
			Emergency Response		
Add Hazards and Controls not fully covered above: (Prioritize all hazards based on <u>severity</u> and <u>timing</u>)					