

# KARSON BUILDERS LTD.

## Step #1 Work Site Hazard Assessment

Company:	Immediate Supervisor:	Date/Time:
Location:	Type of Operation:	Crew Size:
Assessment Team Names: _____		
_____		

Hazard Priority (Status) #1 Imminent Danger #2 Serious #3 Minor #4 O.K. #5 (N/A)

ITEM #	STATUS (1-2-3-4-5)	HAZARDOUS ITEMS
1		Waste Disposal/Housekeeping
2		Material Storage/Handling
3		Protection to Public
4		Shoring/Sloping/Excavation
5		Water/Vibration/Erosion
6		Confined Space Entry
7		Traffic Control, Flashers, Barricades/Restrictions
8		Overhead Hazards
9		Power Pole Support
10		Underground Hazards
11		Flammables (Fire/Explosion)
12		Hazardous Chemicals (WHMIS)
13		Waste Disposal
14		Dangerous Pressure
15		Work at Heights
16		High Risk Positioning
17		Work Over Water
18		Scaffolds
19		Hoisting/Lifting
20		Cables/Ropes/Chains/Slings
21		Vehicle/Machine Condition
22		Gas (Toxic or Non-Life Supporting)
23		Electrical Wiring & Guards
24		Weather Conditions
25		Hot Work
26		Cold Work
27		Night Lighting
28		Pipe Handling
29		PPE: Basic/Specialized
30		Tie-in/Test Purge
31		Fatigue
32		Working Alone
33		

**Assessment Team Comments on Priority Items:**

Item #	Priority

**Note:** For corrective action, transfer information by Hazard Priority Number to Step #2 "Work Place Hazard Assessment Corrective Action" form

**\*The Safety information in this policy does not take precedence over applicable government legislation with which all employees should be familiar**