

JOB SAFETY ASSESSMENT

TRAINING JOB SAFETY ASSESSMENT	Date:		Time:	
	Task:			
	Location:			
Hazards Identified		Controls Implemented		Priority

Name	Signature	Name	Signature

	Yes	No
Has a pre-start meeting been conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Have all hazards been controlled satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider the site to be safe?	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's signature

Consequence					
Likelihood of occurrence	(1) Insignificant	(2) Minor	(3) Moderate	(4) Major	(5) Catastrophic
Almost certain	H	H	E	E	E
Likely	M	H	H	E	E
Moderate	L	M	H	E	E
Unlikely	L	L	M	H	E
Rare	L	L	M	H	H
Level of Risk (E) Extreme Risk – <i>Immediate</i> ; risk reduction action is required (H) High Risk – <i>Considered</i> ; risk reduction action is required (M) Moderate Risk – If <i>no</i> risk reduction is applied, management responsibility must be specified (L) Low Risk – Managed by routine Procedures and Work Practices				Hierarchy of Control 5 - Elimination 4 - Substitute 3 - Engineer 2 - Administrative 1 - PPE	