

# JOB SAFETY ASSESSMENT

<b>TRAINING JOB SAFETY ASSESSMENT</b>	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	Hierarchy of Control
(E) Extreme Risk – <i>Immediate; risk reduction</i> action is required	5 - Elimination
(H) High Risk – <i>Considered; risk reduction</i> action is required	4 - Substitute
(M) Moderate Risk – If <i>no</i> risk reduction is applied, management responsibility must be specified	3 - Engineer
(L) Low Risk – Managed by routine Procedures and Work Practices	2- Administrative
	1- PPE