**This Form can be completed jointly by more than one Contractor’s worker (requires the signature from each work team member)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ……………………………………………  **CONTRACTOR - Corporate name**  ……………………………………………  **PWK Coordinator/Project Manager** | **Brief description of work type and site** …………………………………………………………………………………  …………………………………………………………………………………  **Team leader** ………………………………………………….. ……………………………………..  **Team members** ………………………………………………….. ……………………………………...  ………………………………………………….. ……………………….....................  ………………………………………………….. ……………………….....................  ………………………………………………….. ……………………….....................  First & last name Signature | | | | | |
| **HAZARDS** | | | | | | | | |
| [http://www.komputerwfirmie.org/public/news/original/zagrozenie.jpg](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjf98iNxafNAhXMMz4KHZWBCZIQjRwIBw&url=http://www.komputerwfirmie.org/informacje/bezpieczenstwo/pelny/6637/dwa-glowne-zagrozenia-dla-biznesu&psig=AFQjCNF2s4HtVEzelhrsITbeurqp1_oV-A&ust=1465994302715665) | | | Yes | N/A |  | Yes | N/A | |
| Slipping / tripping | | |  |  | Hot/cold burns |  |  | |
| Squeezing/crushing | | |  |  | Explosion/fire hazard |  |  | |
| Sharp edges | | |  |  | Falling objects |  |  | |
| Blows | | |  |  | Pressurized substances/gases |  |  | |
| Falling | | |  |  | Chemical substances |  |  | |
| Electrocution hazard | | |  |  | Onerous noise |  |  | |
| Hitting by vehicles or components in motion | | |  |  | Other …………… |  |  | |

## HAZARD CONTROL:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WORK ZONE SAFEGUARDING** | | | YES | N/A | **CONTRACTOR & USER COORDINATION** | YES | N/A |
|  |  |  |  |
| * Safeguard the work site against unauthorised entry | | | | | * Coordinate with the user (operators, service technicians, process engineers, etc.) on the principles of cooperation on the job and advise that notification for the line manager is mandatory * Verify that all workers on the job have completed the Non-Standard Work Assessment in attachment to Manual 126 ………………………………………….   Signature of the (Area) Owner | | |
| **COLLECTIVE AND PERSONAL PROTECTIVE EQUIPMENT** | | | YES | N/A | **WORK AT HEIGHT** | YES | N/A |
|  |  |  |  |
| * Clothing * Gloves * Footwear * Hard hat | * Safety glasses * Face shield * Hearing protection * Other ……………………. | | | | * Visually inspect the condition of the WAH equipment * Secure the work site * Use the required CPE and PPE | | |
| **FIRE PROTECTION & FIRST AID EQUIPMENT** | | | YES | N/A | **POWER SOURCE LOTO** | YES | N/A |
|  |  |  |  |
| * I know where the fire breakers are * I know where the manual call points are | | * I knowwhere the fire extinguishers are * I knowwhere the emergency eye wash is * I knowwhere the emergency shower is * I know where the first aid kit is | | | * Do the LOTO procedure * Verify for residual energy and make it deenergized * LOTO procedure waiver pursuant to Manual 106 | | |
| **CONFINED SPACE** | | | YES | N/A | **LIFTING AND RIGGING** | YES | N/A |
|  |  |  |  |
| * Do the Confined Space Entry Procedure * Use the required CPE and PPE | | | | | * Verify the lifting equipment for sound condition and valid safety testing * Verify proper load rigging | | |
| **ELECTRICAL SAFETY** | | | YES | N/A | **MANUAL HANDLING** | YES | N/A |
|  |  |  |  |
| * Verify power tools for sound condition and valid safety testing * Use GFCI’s rated for In=10mA | | | | | * Have the proper number of workers * Secure the work site and the load | | |
| c **HAND TOOLS** | | | YES | N/A | **CHEMICALS** | YES | N/A |
|  |  |  |  |
| * Verify for sound condition * Operate the tools as intended | | | | | * Consider the chemical hazards specified in the MSDS * Use the required PPE | | |
| Obraz zawierający tekst, clipart  Opis wygenerowany automatycznie  **HOT WORK** | | | YES | N/A | **ATTENDED WORK** | YES | N/A |
|  |  |  |  |
| * Do the Hot Work Procedure * Secure the work site * Use the required CPE and PPE | | | | | * Live electrical work * Work at height * Confined space work * Other ……………………………….. | | |

## • If you have any doubts about the work safety assessment, consult your supervisor.

## • If any hazardous conditions change during the work process, stop the work and reassess.

## WORK END:

|  |  |
| --- | --- |
| * Work handed over to the next team / Work break: make sure the work site is secure * Releasing the work site: make sure that the site has been restored to the original condition and will not cause more hazards (clean up the site and remove all tools, barriers, parts, cleaning supplies, spills, etc.) | …………………………………………………  Work manager’s / team leader’s signature  …………………………………………………  PWK Coordinator/Project Manager’s signature |

**Fill out for STAGED WORK (longer than 1 day)**

Specify the identified hazards and their control, certify with the current date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Work stages (with potential hazards)** | **Hazards** | **Hazard control** | **Date** |
| Stage # …….. |  |  |  |
|  |  |  |  |
| Completed stage …………   * Work handed over to the next team / Work break: make sure the work site is secure * Releasing the work site for processing: make sure that the site has been restored to the original condition and will not cause more hazards (clean up the site and remove all tools, barriers, parts, cleaning supplies, spills, etc.) | | …………………………………………………  Work manager’s / team leader’s signature  …………………………………………………  Signature of the (Area) Owner | |
| Stage # …….. |  |  |  |
|  |  |  |  |
| Completed stage …………   * Work handed over to the next team / Work break: make sure the work site is secure * Releasing the work site for processing: make sure that the site has been restored to the original condition and will not cause more hazards (clean up the site and remove all tools, barriers, parts, cleaning supplies, spills, etc.) | | …………………………………………………  Work manager’s / team leader’s signature  …………………………………………………  Signature of the (Area) Owner | |
| Stage # …….. |  |  |  |
|  |  |  |  |
| Completed stage …………   * Work handed over to the next team / Work break: make sure the work site is secure * Releasing the work site for processing: make sure that the site has been restored to the original condition and will not cause more hazards (clean up the site and remove all tools, barriers, parts, cleaning supplies, spills, etc.) | | …………………………………………………  Work manager’s / team leader’s signature  …………………………………………………  Signature of the (Area) Owner | |
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Comments / Notes:

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