

JOB HAZARD / RISK ANALYSIS FORM

JOB NUMBER:	JOB NAME:	SUBCONTRACTOR:
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ACTIVITY / TASK:

COMPLETED BY (PLEASE PRINT):

WORK STEPS AND TASKS <i>Describe the tasks / steps involved in the work, in order.</i>	HAZARDS IDENTIFIED FOR EACH TASK / STEP	RISK LEVEL <i>Low/Moderate/ High/Extreme</i>	CONTROL / SAFE WORK PROCEDURES FOR EACH TASK / STEP <i>Controls to be implemented (consider the hierarchy of hazard controls) http://www.safetyrisk.com.au/safety-slogans/</i>

HAZARDS CHECKLIST

<input type="checkbox"/> Can someone be struck or contacted by anything while doing this job?	<input type="checkbox"/> Can someone slip, trip or fall?	<input type="checkbox"/> Can someone fall into anything?
<input type="checkbox"/> Can someone strike against or make contact with any physical hazards?	<input type="checkbox"/> Can someone strain or overexert?	<input type="checkbox"/> Can damage to equipment occur?
<input type="checkbox"/> Can someone be exposed to any hazardous conditions?	<input type="checkbox"/> Can someone be caught in anything?	<input type="checkbox"/> Can someone injure someone else?
<input type="checkbox"/> Heavy equipment onsite: has the heavy equipment pre-use checklist (B-08) been completed?	<input type="checkbox"/> COVID-19 precautions, face mask, and social distancing?	

SAFETY OFFICERS / MANAGERS / SUPERVISORS COMMENTS	DATE:
	SUBCONTRACTOR EMPLOYEE SIGNATURE:
	LCI SUPERINTENDENT SIGNATURE:
	LCI SUPERINTENDENT NAME (PRINT):
	LCI SIGNATURE DATE: