*This Hazard Form Applies to All Tasks: Non-Routine and Routine.*

Task: Location of Task:

Procedure/SWI No.:

Participant: Participant: Participant:

Date: / /

|  |
| --- |
| **Workplace Conditions** |
| VI | Visual Inspection of Work Area |  |
| IO | Identify other groups i.e. Lighting, Ergonomics |  |
| EC | Environmental Concerns |  |
| **Environmental Aspects/Impacts** |
| WD | Waste Disposal |  |
| **Hazardous Substances** |
| CL | Corrosive Liquids |  |
| MH | Material Handling |  |
| **Electrical** |
| EL | Electrical Hazards (no tags, damaged cords, faulty equipment) |  |

|  |
| --- |
| **Plant** |
| HS | High Speed Equipment |  |
| VPI | Vehicle/Pedestrian Interaction |  |
| MP | Mechanical Pinch Points |  |
| SC | Sharp Cutting Edges |  |
| HP | High Pressure (Air, Water, Oil, Steam) |  |
| GA | Guarding Adequate (not removed or damaged) |  |
| **Area Hazards** |
| NO | Noise |  |
| DF | Dust/Fumes |  |
| AE | Access/Exit |  |
| HW | Hot Water |  |
| ER | Ergonomic/Biodynamic |  |
| SS | Storage Hazards |  |
| BU | Burns |  |
| FP | Fire Protection Prevention |  |
| SH | Slip Hazards |  |

|  |
| --- |
| **Administration** |
| SR | Signage Required |  |
| AT | Adequate Tools/Equipment |  |
| CW | Communicate with other working groups |  |
| EP | Emergency Procedure |  |
| O | Other (Specify) |  |
| MS | MSDS Sighted and in date |  |
| **Personal Protective Equipment** |
| RP | Respirator Protection Control |  |
| PPE | Maintenance of PPE (to area requirements) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Hazard Control** | **Who** | **When** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |