SSD-020

JOBSITE HAZARD ASSESSMENT

Evaluate the site and work. Identify credible hazards. Assign controls and verify risk reduction.

2 Project Information		**3 Assessment Number**	
5 Jobsite Location		**4 Assessment Date**	
1 Company Information		**Assessment Time / Shift**	Time: _____ ☐ Day ☐ Night ☐ Other
7 Scope of Work		**8 Work Activities Evaluated**	
6 Assessor Information		**13 Supervisor Review**	

1–8 Assessment and Work Information

Define the site, scope, activities, and assessment boundaries.

Site, Work, and Environmental Inputs	Required Documents and Authorizations
☐ Weather / temperature / wind reviewed	☐ Site / owner requirements
☐ Lighting / visibility assessed	☐ Applicable permits
☐ Access / egress / housekeeping assessed	☐ Drawings / specifications
☐ Utilities / energy sources located	☐ Safety data sheets
☐ Interfaces / public exposure assessed	☐ Equipment / manufacturer instructions
☐ Changes / simultaneous operations reviewed	☐ Emergency / rescue plans
	☐ Qualified / competent persons identified
	☐ Other: _____

Risk Rating Method

Rate risk before and after controls; apply company or project criteria when more stringent.

LIKELIHOOD	**1 - Rare**	**2 - Unlikely**	**3 - Possible**	**4 - Likely**	**5 - Almost certain**
SEVERITY	**1 - First aid**	**2 - Medical treatment**	**3 - Lost time**	**4 - Permanent disability**	**5 - Fatality / multiple severe**

Risk score = Likelihood × Severity. 1–4 Low 5–9 Medium 10–16 High 17–25 Critical

Acceptance: Low / Medium - supervisor acceptance. High - additional controls and qualified-person review. Critical - do not start; redesign the work and obtain management approval. Company or project requirements take precedence.

9 Hazard Identification Table

Use one row per hazard; combine responsibility and completion date in the final field.

HAZARD	POTENTIAL CONSEQUENCES	EXISTING CONTROLS	ADDITIONAL CONTROLS REQUIRED	RISK RATING BEFORE CONTROLS	RISK RATING AFTER CONTROLS	RESPONSIBLE PERSON / COMPLETION DATE
1				L:__ S:__ R:__	L:__ S:__ R:__	
2				L:__ S:__ R:__	L:__ S:__ R:__	
3				L:__ S:__ R:__	L:__ S:__ R:__	
4				L:__ S:__ R:__	L:__ S:__ R:__	
5				L:__ S:__ R:__	L:__ S:__ R:__	
6				L:__ S:__ R:__	L:__ S:__ R:__	
7				L:__ S:__ R:__	L:__ S:__ R:__	

Risk Key: L = Likelihood S = Severity R = Risk Rating (L × S)

Hierarchy of Controls: Eliminate → Substitute → Engineering Controls → Administrative Controls → PPE. Select the highest feasible control, identify interim measures, and verify the risk rating after controls.

10–12 PPE, Environmental, and Emergency Considerations

10 Required Personal Protective Equipment (PPE)	11 Environmental Conditions
☐ Hard hat ☐ Safety glasses / goggles ☐ Face shield ☐ Hearing protection ☐ High-visibility apparel ☐ Hand protection: _____ ☐ Cut resistance / level: _____ ☐ Fall protection: _____ ☐ Respiratory protection: _____ ☐ Protective footwear ☐ Arc-rated / flame-resistant clothing ☐ Chemical-resistant clothing ☐ Other: _____	☐ Heat / cold exposure ☐ Wind / severe weather ☐ Lighting / visibility ☐ Noise / vibration ☐ Dust / air quality ☐ Spill / release potential ☐ Waste / stormwater controls ☐ Soil / ground conditions ☐ Adjacent operations ☐ Traffic / public exposure ☐ Environmental permits / limits Other: _____ ☐ Other: _____

12 Emergency Preparedness Considerations

Emergency Contact / No.		**Nearest Medical Facility**	
Muster Point		**Jobsite Address / Coordinates**	
Rescue Plan Required?	☐ No ☐ Yes - attach / reference: _____	**Emergency Scenarios Reviewed**	☐ Fire ☐ Medical ☐ Rescue ☐ Spill ☐ Weather
Emergency Equipment / AED Location		**Alarm / Communication Method**	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

Assessment References and Attachments

☐ Drawings / specifications	☐ Safety data sheets	☐ Equipment / manufacturer manuals	☐ Lift / rigging plan
☐ Energy-control procedure	☐ Emergency / rescue plan	☐ Traffic-control plan	☐ Other: _____

Assessment Change / Stop-Work Trigger

STOP WORK and revise the assessment when scope, activities, sequencing, people, equipment, materials, weather, site conditions,

interfaces, or requirements change; when a control fails; after a near miss or incident; or when a worker identifies an unassessed hazard or unacceptable residual risk.

Assessment Revision / Follow-Up No.		**Date / Time**	
Changed Condition / Control Completion Evidence		**Reviewed / Verified By**	

13–15 Review, Acknowledgement, and Approval *Signatures confirm review and acceptance of assigned responsibilities.*

REVIEW / ACKNOWLEDGEMENT	PRINTED NAME	SIGNATURE	DATE
Assessor			
13 Supervisor Review			
14 Employee Acknowledgement			
15 Management Approval			

16 Follow-Up Verification: Track completion and verify controls remain effective.

By signing, I confirm that I reviewed the assessed work activities, hazards, controls, PPE, environmental conditions, emergency considerations, and stop-work expectations; and will report changes, failed controls, or unassessed hazards before continuing affected work.

FOLLOW-UP ITEM / CONTROL	RESPONSIBLE PERSON	COMPLETION DATE	16 FOLLOW-UP VERIFIED

13 Supervisor Review | 14 Employee Acknowledgement | 15 Management Approval | 17 Record Retention

16 Follow-Up Verification	☐ Effective ☐ Reopen / follow-up	Date / Time	
13 Supervisor Review	☐ Complete ☐ Escalation required	15 Management Approval / Comments	
17 Record Retention Location / Period		Assessment Closed / Retained By	

IMPORTANT: This assessment supports site and work planning but does not replace applicable laws, regulations, permits, manufacturer instructions, competent-person duties, site-specific plans, or professional judgment. The employer remains responsible for qualified assessment, effective controls, employee communication, follow-up, and secure record retention.