

Contact # _____

Emergency Contact # _____

Job Hazard Assessment

Event Name _____	***Emergency Meeting Location***	_____
Event Location _____	Time of Assessment (set) _____	_____
Event Date _____	Time of Assessment (strike) _____	_____

Have all workers answered 'NO' to the Screening Protocol questions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the work safe to perform as planned?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have all workers been indoctrinated to the Safety Orientation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the Emergency Response procedure been reviewed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Venue Specific Emergency Procedure:		
Venue Specific Emergency Phone:		
Emergency Meeting Location (Muster Point) for event strike if different from set:		
Is the public/community affected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

All crew members must print & sign below prior to commencing work

By signing this form, you acknowledge that you understand the hazards and how to with Safe Work Requirements and will apply methods to eliminate or control hazards.

SIGN IN: WORKER

Name	Signature	Safety Footwear	First Aid/CPR	Initial @	Initial for Strike @

SIGN IN: ON SITE CONTRACTOR

Name	Signature	Safety Footwear	First Aid/CPR	Initial @	Initial for Strike @

BASIC JOB STEPS (Hazards and controls to eliminate/reduce hazards are identified on the next page)

<input type="checkbox"/> travel to site	<input type="checkbox"/> loading dock	<input type="checkbox"/> event set	<input type="checkbox"/> event flip	<input type="checkbox"/> irregular operation
<input type="checkbox"/> travel to warehouse	<input type="checkbox"/> offload/load truck	<input type="checkbox"/> event style	<input type="checkbox"/> event strike	<input type="checkbox"/> other

EQUIPMENT CHECKLIST (Based on Hazard Assessment, select all required equipment)

<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Gloves	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Safety Harness
	<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Safety Lanyard
	<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Mask	<input type="checkbox"/> Reflective Vest	

SCREENING PROTOCOL: COVID-19 PUBLIC EMERGENCY

Do you have any symptoms of Fever (greater than 38.0C), Cough, Shortness of breath/difficulty breathing, Sore throat, Runny nose?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you, or anyone in your household travelled outside of Canada in the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently being investigated as a suspect case of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you tested positive for COVID-19 within the last 10 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Basic Job Steps	Hazards	Steps to Reduce/Eliminate Hazards
(List all tasks/activities)	(List both health and safety hazards and consider surrounding area)	(List controls for each hazard: Eliminate, Engineering, Administrative, Personal Protective Equipment)
<input type="checkbox"/> travel to site <input type="checkbox"/> travel to warehouse	<input type="checkbox"/> vehicle in motion	Eng: Use of seatbelt
	<input type="checkbox"/> collision prevention (other vehicles or objects)	Eng: anti-lock breaks, tire condition Admin: walk around vehicle before trip, in car observation by supervisor/other occupants
	<input type="checkbox"/> secure cargo	Eng: ensure proper tie downs are available in vehicles, tie-down cargo, secure containers/tool-boxes in place Admin: comply with cargo & load limitations specified by manufacturer
	<input type="checkbox"/> traffic (congestion/other drivers)	Admin: Follow all traffic rules and legislation, avoid speeding, drive in the mindset of "what-if". Be cautious of other drivers, especially late night or possible drunk drivers
	<input type="checkbox"/> navigation challenges all/irregular/unknown venues	Admin: Plan route. Review destination & potential hazards along way. Make someone (on site supervisor) aware of plans
	<input type="checkbox"/> adverse weather conditions (bad road conditions &/or poor visibility)	Eng: ensure vehicle wipers & tires are in good condition, fluid levels high Admin: Consult road report. Drive with extra caution & adjust speed to conditions; stop driving and seek shelter, if required
	<input type="checkbox"/> attentive driving	Admin: Keep visual, manual, and cognitive attention on the road. Use of electronic devices, reading, writing, or grooming is prohibited while driving
	<input type="checkbox"/> fatigue	Admin: Get plenty of rest. Leave early enough to allow for stops along the way
<input type="checkbox"/> loading dock	<input type="checkbox"/> restricted vision	Admin: Use of spotter(s) at all times
	<input type="checkbox"/> congestion	Admin: Be patient & exercise extra caution. Gain eye contact with drivers & pedestrians to avoid collision
<input type="checkbox"/> load truck <input type="checkbox"/> offload truck <input type="checkbox"/> event set <input type="checkbox"/> event style <input type="checkbox"/> event flip <input type="checkbox"/> event strike	<input type="checkbox"/> foot traffic	Admin: Work in teams. Be aware of people/items present
	<input type="checkbox"/> heavy lifting	Eng: Use a cart (dolly/pallet jack) Admin: 2 person lift. Follow Safe Work Procedures for lifting PPE: wear steel-toed footwear, wear high visibility vest around traffic
	<input type="checkbox"/> delicate handling	Admin: Use extra caution/attention when handling glasswear PPE: wear nitrile gloves
	<input type="checkbox"/> awkward/repetitive activity	Admin: Take micro-breaks to stretch as necessary
	<input type="checkbox"/> heights (ladder, etc)	Eng: refer to OW ladder safe work practice Admin: 3 points of contact
	<input type="checkbox"/> overhead machinery (truss/scissor lift, etc)	Admin: Remain a minimum 15' away PPE: Wear hard hat
	<input type="checkbox"/> slipping	Elimination: Clean up floors using proper clean-up procedures Eng: Cables taped/matted. Use sandbags to secure items PPE: Wear non-slip CSA approved footwear
	<input type="checkbox"/> exterior conditions (cold)	Eng: Work away from drafts or indoors. Reduce exposure PPE: Wear/bring appropriate cold weather gear (layers)
	<input type="checkbox"/> exterior conditions (heat)	Eng: Work in shade or indoors Admin: Reduce physical activity to avoid sweating (use cart) PPE: Wear/bring appropriate warm weather gear (layers)
	<input type="checkbox"/> temperature/weather extremes	Admin: Monitor movement between extreme temperature areas and avoid overdressing in cold or heat. Ensure crew is hydrating
	<input type="checkbox"/> low light conditions	PPE: Wear reflective vest
	<input type="checkbox"/> extended work hours/fatigue	Admin: working more slowly/thoroughly, use memory cues or reminders, rely on fellow workers, carry out less critical tasks
	<input type="checkbox"/> working with event guests onsite (intoxicated guests, etc)	Eliminate: Postpone work until guests have departed if possible, otherwise work in zones that have been cleared Admin: Use caution. Commence work away from clients/guests. Plan ahead for intoxicated individuals, refer to OW zero tolerance for abuse policy
<input type="checkbox"/> irregular operations	<input type="checkbox"/> work alone	Eng: Cell phone & emergency contact numbers Admin: complete route & work plan, provide copy to supervisor before beginning work; use established check-in procedure
	<input type="checkbox"/> workplace security (potential for violence)	Eliminate: Avoid driving in/parking in or near isolated/remote/high crime areas Admin: Work in teams. Call for assistance from co-workers. Use established emergency response procedure
<input type="checkbox"/> other	<input type="checkbox"/> other:	
	<input type="checkbox"/> other:	
	<input type="checkbox"/> other:	
	<input type="checkbox"/> other:	