



Hazard Assessment and Pre-Job Safety Meeting Form

Date:		Client:			
Location:					
Description of Work:					
Has the work site been inspected?					
Have the work procedures been communicated?					
HAZARD IDENTIFICATION					
Are there any hazards present that could cause physical injury?	Yes	No	Will powered mobile equipment (ATV/Snowmobile) be used?	Yes	No
Does the weather indicate the possibility of extreme temperature?	Yes	No	Are there any additional safeguards required?	Yes	No
Have wind conditions been considered?	Yes	No	Are the appropriate drinking fluids, toilet & washing facilities available for workers?	Yes	No
Is Emergency Response Plan established and reviewed?	Yes	No	Are power tools, equipment and machinery required?	Yes	No
Are there any potential fire or explosion hazards?	Yes	No	Will anyone be working alone?	Yes	No
Have provincial first-aid requirements been satisfied?	Yes	No	Have all WHMIS & TGD requirements been met?	Yes	No
Have general safety precautions been identified?	Yes	No	Will there be any forestry activity such as bucking or felling?	Yes	No
Will there be any lifting and handling of loads?	Yes	No	Have precautions been taken to ensure no other work will be done that could create a hazard?	Yes	No
Will Lock Out or Isolation be required?	Yes	No	Has a designated smoking area been established?	Yes	No
Will workers be exposed to noise above 85dba?	Yes	No	Is there potentially harmful wildlife in the area?	Yes	No
Are there any issues with poor lighting?	Yes	No	Will workers be required to use respiratory protection?	Yes	No
Will there be confined space entry?	Yes	No	Are you aware of any workers with allergies to foods and/or insects or taking any prescribed medication?	Yes	No
Are there chemical hazards present?	Yes	No	Do all personnel have appropriate PPE?	Yes	No
If ATV is needed does operator have training?	Yes	No	Are there any overhead hazards?	Yes	No
HAZARD DESCRIPTION			CONTROL DESCRIPTION		

HAZARD DESCRIPTION		CONTROL DESCRIPTION	
Additional Comments:			
ATTENDEES			
Company	Representative (print)		Signature
VERIFICATION			
I have verified the above stated hazards and referenced safety controls to perform the task to the best of my knowledge.			
AKS Geoscience Representative		Signature	
		Date	