**Hazard Communication Form**

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| Name: | Location: | Date: |
| Task: |

**Type of Report:**

🞎 Toolbox Talk

🞎 Staff meeting

🞎 Hazard Assessment

🞎 Pre-job meeting

🞎 Contractor Orientation

🞎 Visitor Orientation

🞎 Site Inspection

🞎 Safety Concern

🞎 Other \_\_\_\_\_\_\_\_\_\_\_

**Record the Hazards of the Task:**

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| **Site Hazards**🞎 Traffic Control required 🞎 Fall protection required🞎 Confined Space🞎 Excavation, buried facilities🞎 Overhead objects 🞎 Security / Working Alone | **Ergonomic Hazards** 🞎 Heavy / Awkward lifting🞎 Twisting lower back🞎 Extreme reach / overhead🞎 Repetitive motion🞎 Awkward postures🞎 Prolonged Vibration | **Access Hazards**🞎 Work near water🞎 Lifting work platform🞎 Scaffold / Ladder🞎 Obstructed walkways 🞎 Overhead power lines🞎 Tripping / Slipping |
| **Electrical, Mechanical & Fire**🞎 Lockout required🞎 Work on energized equip🞎 GFCI required🞎 Fire / Explosion risk🞎 Hot work permit required🞎 Hoists / Lifts / Slings | **Process Hazards**🞎 Procedure not available🞎 Training required 🞎 First time performing task🞎 Protective Gear inadequate🞎 Tools inadequate🞎 First Aid / Emergency prep | **Environmental Hazards**🞎 Temperature extremes🞎 High noise task🞎 Spill potential🞎 Dust / Fumes / Mists🞎 Other Chemical / Bio 🞎 Danger Trees |

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| **Hazards:** | **L/M/H** | **Controls:** |
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**Personal Protective Equipment:** 🞎 **Required** 🞎 **Observed**

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| 🞎 Hard Hat🞎 Goggles / Glasses🞎 Hearing Protection🞎 High Visibility gear🞎 Steel Toed Boots | 🞎 Gloves🞎 Respiratory Protection 🞎 Face Shield🞎 Anti-Vibration equip🞎 Ice Cleats | 🞎 Fall Protection (over 3m)🞎 SCBA – supplied air🞎 Isolation suits🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Participants – Names and Signatures:** |  |
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Retain original, send copy to your Safety Committee.