**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.