



OHS PROGRAM – DAILY HAZARD ASSESSMENT			
Form #: 04-02	Created: June 2025	Rev:---	2 of 2

Pre-use Inspection done for:		Exclusion Zones/Public Safety			
PPE (Hard Hat/Safety Boots(Steel toe)/Hi-vis Vest)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work areas/zones/levels barricaded i.e. danger tape	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Specialized PPE (Fall Pro/Respirator, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA	Surrounding trades notified of work (Warning Sign posted)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Tools & Equipment for the job at hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	Objects (materials, tools & equipment) are tethered	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic Control Layout/Plan implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Applicable SWP/SJP Reviewed for the job?		<input type="checkbox"/> Yes, Identify below NO <input type="checkbox"/>			

Permits Obtained		Critical Tasks Assessed & Implemented			
Confined Space	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA	Hazardous Products Exposure Control Plans & SDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Leading Edge	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA	Silica Dust Exposure Control Plan <small>(vacuum/wetting prioritized, Worker Fit Tested & Clean Shaven)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Hot Work	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA	Fall Protection Plan (If above 25ft)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA	Ventilation Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA	Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No/NA	

After job/Shift end:

Any new hazards introduced as a result?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are such hazards controlled/communicated? If your answer is "No", reassess it on the first page	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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By signing below, I acknowledge that I have reviewed this hazard assessment and the procedures to control the hazards with my supervisor and I understand my responsibilities.

All workers involved in the task must print name and sign below

Name (Printed)	Signature	Name (Printed)	Signature

Check this box if additional sign-off sheets are required, and attach ==>>

Crew Supervisor Name:		Signature:	
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