



## MD of Greenview Tool Box Meeting & Hazard Assessment Worksheet

Date:		Weather:	
Job Location and description of work:			
<b>EMERGENCY PHONE NUMBERS</b>			
Ambulance:		MD Representative:	Phone:
Hospital:	Fox Creek: 780.622.3545	Contractor:	Phone:
	Grande Cache: 780.827.3701	Foreman:	Phone:
	Valleyview: 780.524.3356	Site Office:	Phone:
	Grande Prairie: 780.538.7100	Utilities:	Phone:
Fire:		AB One Call:	1.800.242.3447
Police:		Company:	Phone:
Poison Control:	1.800.332.4141	Company:	Phone:
<b>POTENTIAL HAZARDS</b>			
Item No.	Yes No N/A	Item No.	Yes No N/A
<input type="checkbox"/> Traffic/Pedestrian		<input type="checkbox"/> Fire Hazards	
<input type="checkbox"/> Trenching/Excavating		<input type="checkbox"/> Weather Conditions	
<input type="checkbox"/> Overhead Hazards		<input type="checkbox"/> Buried Utilities	
<input type="checkbox"/> Heavy Equipment		<input type="checkbox"/> Spill Potential	
<input type="checkbox"/> Chemicals		<input type="checkbox"/> Explosives	
<input type="checkbox"/> Noise		<input type="checkbox"/> Compressed Gas	
<input type="checkbox"/> Trip/Slip/Fall		<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Lifting/Hoisting		<input type="checkbox"/> Poor Visibility	
<input type="checkbox"/> Working on a hill		<input type="checkbox"/> Ergonomics	
<input type="checkbox"/> Extreme temperatures		<input type="checkbox"/> H&S	
<input type="checkbox"/> T.D.G		<input type="checkbox"/> Off Road Vehicle	
<input type="checkbox"/> High Pressure		<input type="checkbox"/> Driving	
<input type="checkbox"/> Awkward Position		<input type="checkbox"/> Lighting	
<input type="checkbox"/> Wildlife /Animals		<input type="checkbox"/> Working Alone	
<input type="checkbox"/> Moving Parts		<input type="checkbox"/> Biohazard	
		<input type="checkbox"/> Drowning	
		<input type="checkbox"/> Poor Ventilation	
		<input type="checkbox"/> Violence/Public	
		<input type="checkbox"/> Electrical Cords	
		<input type="checkbox"/> Projectiles	
		<input type="checkbox"/> _____	
		<input type="checkbox"/> _____	
		<input type="checkbox"/> _____	
		<input type="checkbox"/> _____	
<b>CONTROL MEASURES: EVERY IDENTIFIED HAZARD ABOVE MUST BE CONTROLLED BEFORE WORK BEGINS</b>			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
<b>SAFETY CHECKLIST</b>			
<b>Required PPE</b>	<b>Required Tools/Equip</b>	<b>Procedures</b>	<b>Administration</b>
<input type="checkbox"/> Appropriate Clothing	<input type="checkbox"/> Equipment Back-up Alarms	<input type="checkbox"/> Call-In Procedure	<input type="checkbox"/> Prime Contractor
<input type="checkbox"/> Respiratory Equipment	<input type="checkbox"/> Proper Tools with Guards	<input type="checkbox"/> First Call	<input type="checkbox"/> Report all Incident/Near Misses
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Tie-Downs	<input type="checkbox"/> Vehicle Walk Around	<input type="checkbox"/> Emergency shut down procedure
<input type="checkbox"/> Life Jacket	<input type="checkbox"/> Tie-Off Ladders	<input type="checkbox"/> Site Walk Around	<input type="checkbox"/> First Call Permit
<input type="checkbox"/> Chain Saw Pants	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Load Securement	<input type="checkbox"/> _____
<input type="checkbox"/> Gloves	<input type="checkbox"/> Fire Suppression Equipment	<input type="checkbox"/> Guards	<input type="checkbox"/> Public Notification
<input type="checkbox"/> Harness/Fall Protection	<input type="checkbox"/> Road Flares/Flasher/Beacon	<input type="checkbox"/> Lockout Procedure	<input type="checkbox"/> Workers Responsibilities
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Adequate Lighting	<input type="checkbox"/> Compliance Cards Carried	<input type="checkbox"/> Review Safe Word Practice
<input type="checkbox"/> Face Protection	<input type="checkbox"/> Fall Restraint	<input type="checkbox"/> Radio Communication	<input type="checkbox"/> WHISIS
<input type="checkbox"/> Hard Hat/Helmet	<input type="checkbox"/> Shoring/Bracing	<input type="checkbox"/> Tools Inspected	<input type="checkbox"/> First Aid Providers
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Signs	<input type="checkbox"/> Seatbelts	<input type="checkbox"/> _____
<input type="checkbox"/> High Visibility Clothing/Vest	<input type="checkbox"/> Spill Kit	<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Location of Muster Point
<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Barricades	<input type="checkbox"/> MSDS Review	<input type="checkbox"/> _____
<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Proper Hoisting/Rigging	<input type="checkbox"/> Evacuation Procedure	<input type="checkbox"/> Washroom Facility Location
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Equipment on site:			
Additional comments:			
<b>CHECK IN TIME:</b>		<b>CHECK IN CONTACT NAME &amp; PHONE:</b>	
<input type="checkbox"/> 1 hrs.	<input type="checkbox"/> 4 hrs	Name:	
<input type="checkbox"/> 2 hrs	<input type="checkbox"/> 8 hrs	Phone:	
	AM/PM		
<b>SIGNATURES</b>			
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		
Name:	Name:		

ALL PERSONNEL INVOLVED IN OR WORKING NEAR THIS JOB MUST REVIEW THIS ASSESSMENT