

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

Date						Weather:					
Job I	Location and	d description of	work:								
EM	ERGENCY	PHONE NUM	1BER	S							
	Ambulance: Hospital: Fox Creek: 780.622.3545					MD Representative:				Phone:	
Hospital: Fox Creek: 780.622 Grande Cache: 780						Contractor:				Phone:	
Valleyview: 780					Foreman: Site Office:				Phone:		
Grande Prairie: 7						Utilities:				Phone:	
Fire:			700.55	70.7100		AB One Ca	l:	1.800.242.344	47	Phone:	
Polic	e:					Company:				Phone:	
Poiso	on Control:	1.800.332.4141				Company:				Phone:	
					P	OTENTIA	L HAZA	RDS			
Item	No.	Yes No N	N/A	Item No.	Y	es No N/A	Item N	0.	Yes No N/A	Item	No. Yes No N/A
	Traffic/Pede	estrian			Hazards			Γ.D.G			Biohazard
	Trenching/E			_	ather Conditions	5		Off Road Vehicle			Drowning
				_	ied Utilities			igh Pressure			Poor Ventilation
				Spill Potential				riving			Violence/Public
				Explosives					wkward Position		Electrical Cords
				Compressed Gas				ghting			Projectiles
	Trip/Slip/Fa			<ul><li>Confined Space</li><li>Poor Visibility</li></ul>			Wildlife /Animals				
	Lifting/Hois Working on					<ul><li>☐ Working Alone</li><li>☐ Moving Parts</li></ul>					
					onomics c			viovilig Parts			
CONTROL MEASURES: EVERY IDENTIFIED HAZARD ABOVE MUST BE CONTROLLED BEFORE WORK BEGINS											
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