

<b>Calgary TELUS Convention Centre</b> 120 – 9 <sup>th</sup> Ave. SE T2G 0P3		
<b>Emergency Number: 403.261.8573</b>		
Date:	Time:	Location of Work:
Name of Contractor/Company performing work:		
Description of work to be performed:		

Hazard Identification Checklist		
Public / Community Affected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PHYSICAL HAZARDS		
<input type="checkbox"/> Cold	<input type="checkbox"/> Ignition Sources	<input type="checkbox"/> Repetitive Motion
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Laser	<input type="checkbox"/> Steam
<input type="checkbox"/> Electrical	<input type="checkbox"/> Low Oxygen	<input type="checkbox"/> Stepping Hazard
<input type="checkbox"/> Environmental	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Temperature
<input type="checkbox"/> Flammable/Combustible Item	<input type="checkbox"/> Noise	<input type="checkbox"/> Tripping Hazard
<input type="checkbox"/> Flash Fire Hazard	<input type="checkbox"/> Overhead	<input type="checkbox"/> Vibration Hazard
<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Welding/Burning/Grinding
<input type="checkbox"/> Hazardous Atmosphere	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Working Alone
<input type="checkbox"/> Heavy Lifting	<input type="checkbox"/> Power Equipment	<input type="checkbox"/> Working at Heights
<input type="checkbox"/> Heat	<input type="checkbox"/> Pressurized Equip.	<input type="checkbox"/> Other:
<input type="checkbox"/> Hoisting Equipment	<input type="checkbox"/> Proper Training	<input type="checkbox"/> Other:
<input type="checkbox"/> Hoisting/Rigging	<input type="checkbox"/> Public Liability	<input type="checkbox"/> Other:
CHEMICAL HAZARDS		
<input type="checkbox"/> Chemical	<input type="checkbox"/> Fumes	<input type="checkbox"/> Airborne Particles
<input type="checkbox"/> Dust/Mists/Fumes	<input type="checkbox"/> Mists	<input type="checkbox"/> Other:
BIOLOGICAL HAZARDS		
<input type="checkbox"/> Blood & Body Fluids	<input type="checkbox"/> Fungi / Mold	<input type="checkbox"/> Viruses
<input type="checkbox"/> Bacteria	<input type="checkbox"/> Sewage	<input type="checkbox"/> Other
PSYCHOLOGICAL HAZARDS		
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Stress
<input type="checkbox"/> Other:		

**\*\*If required, include additional hazards on a separate sheet**

Preparation Checklist		
<input type="checkbox"/> Motor Shut Off	<input type="checkbox"/> Lock Out / Tag Out	<input type="checkbox"/> Breakers Locked / Tagged
<input type="checkbox"/> Disconnected	<input type="checkbox"/> Safety Watch	<input type="checkbox"/> Barricade
<input type="checkbox"/> Additional Illumination	<input type="checkbox"/> Fire Watch	<input type="checkbox"/> Caution Tape
<input type="checkbox"/> Ladder	<input type="checkbox"/> Fire Fighting Equipment	<input type="checkbox"/> Signage
<input type="checkbox"/> Scaffold	<input type="checkbox"/> Electrically Isolated	<input type="checkbox"/> Equipment Grounded
<input type="checkbox"/> Cables/Wires Taped Down	<input type="checkbox"/> Fire Exits Unobstructed	<input type="checkbox"/> Service Corridors Unobstructed
<input type="checkbox"/> Vehicle Mats	<input type="checkbox"/> Gas Tanks Secure	<input type="checkbox"/> Compressed Gas Secured
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Personal Protective Equipment		
<input type="checkbox"/> Steel toe shoes/boots	<input type="checkbox"/> Outer wear (outside work)	
<input type="checkbox"/> Hard hat	<input type="checkbox"/> Reflective vest (traffic control)	
<input type="checkbox"/> Eye protection	<input type="checkbox"/> Safety harness (fall arrest)	
<input type="checkbox"/> Gloves	<input type="checkbox"/> Other	

Sequence of Basic Job Steps	Hazards	Steps to Eliminate/Reduce Hazards
<ul style="list-style-type: none"> <li>Break job down into steps.</li> <li>Each step should accomplish some major task.</li> </ul>	<ul style="list-style-type: none"> <li>Identify the hazards associated with each step.</li> <li>List actions, conditions, possibilities that could lead to an incident.</li> </ul>	<ul style="list-style-type: none"> <li>List the action required at each step necessary to eliminate or minimize every hazard that could lead to an injury/illness/incident.</li> <li>Be specific. Indicate exactly what needs to be done to correct the hazard.</li> </ul>
1		
2		
3		
4		
5		

**\*\*If required, include additional job steps on a separate sheet**

Review with Supervisors and Workers		
Have all workers been indoctrinated to CTCC safety orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the work safe to perform as planned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO" or in doubt, review the work plan and associated hazards with the work supervisor again.		

Signatures	
Name:	Company:
Signature:	
Name:	Company:
Signature:	
Name:	Company:
Signature:	
Name:	Company:
Signature:	
Name:	Company:
Signature:	

**\*\*If required, include additional signatures on a separate sheet**