



SAFETY H.I.T LIST

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HAZARD ASSESSMENT

 INSPECTION

 TOOLBOX TALK

Company Name: _____
 Supervisor: _____

Location: _____
 Safety Rep: _____

PRE-START CHECKLIST

COMPLETED BY:

DATE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Construction Site Signage | <input type="checkbox"/> Sub-Contractor Orientation | <input type="checkbox"/> Public Protection |
| <input type="checkbox"/> Contact Numbers | <input type="checkbox"/> Workplace Safety Act & Regulation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> WHMIS/SDS | <input type="checkbox"/> Communication Device | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> First Aid Supply/Eyewash | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Washroom Facility | <input type="checkbox"/> Excavation Permit/Utility Clearance | <input type="checkbox"/> Other: _____ |

NOTE: If any items are missing, contact the Owner/Prime Contractor prior to startup.

HAZARD/INSPECTION CHECKLIST

COMPLETED BY:

DATE:

- | | | |
|----------------------------------|---------------------------------|---------------------------------------|
| OK Fix Emergency Response | OK Fix PPE | OK Fix Tools & Equipment |
| OK Fix First Aid Kit | OK Fix Fire Extinguisher | OK Fix Housekeeping |
| OK Fix Ladder Walkways | OK Fix Signage | OK Fix Guardrail |
| OK Fix Lockout/Tagout | OK Fix WHMIS/SDS | OK Fix Utilities (Marked) |
| OK Fix Electrical Panel | OK Fix Access/Egress | OK Fix Heights/Fall Protection |
| OK Fix Other: _____ | OK Fix Other: _____ | OK Fix Other: _____ |

Below, identify the hazards, rank the hazards, and identify the plans to eliminate or control the hazards.

1 - Immediate/Severe Danger, 2 - Serious Injury, 3 - Minor, 4 - Negligible, 5 - Not applicable

A - Highly Probable, B - Reasonably Probable, C - Remote, D - Extremely Remote

TOOLBOX TALK **TOPICS DISCUSSED** **WORKER'S COMMENTS** **CORRECTIVE ACTION TAKEN**

ATTENDANCE
