



# DRUMHELLER

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## ADMINISTRATION POLICY

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### **ADMINISTRATION POLICY #A-07-19**

Supersedes # A-02-19

### **WORKSITE HAZARD IDENTIFICATION POLICY**

#### THE PURPOSE OF THIS POLICY IS TO:

Ensure employees consider the hazards associated with their work activities/workplace and take the necessary precautions that will result in a safe work environment

#### BACKGROUND:

The Town of Drumheller has developed a "Worksite Hazard Assessment & Identification Form." All employees are to complete a Worksite Hazard Assessment & Identification form prior to any and all jobs that involve risk.

The form includes two columns: Hazards and Protection. The possible hazards involved are listed in the left column and the protection that can be used is listed in the right column. There are six (6) different sections to be considered:

- Overhead hazards
- Eye and face hazards
- Hand hazards
- Foot hazards
- Traffic hazards
- Environmental hazards

The forms are to be completed, signed by the employee and forwarded to their supervisor. Health and Safety Office. In completing this process, team members are made aware of safety considerations. The process also serves as a pre-activity planning tool.

#### POLICY STATEMENT:

The Town of Drumheller shall maintain procedures herein contained in order to be consistent throughout the organization. Hazards must be reviewed as conditions change, and at least every three (3) years.

All employees, prior to any and all jobs that involve risk, complete and forward the above mentioned form. The reporting of hazards is one step toward the prevention of future accidents in the workplace.

PROCEDURE:

1. All forms will be forwarded to Health and Safety Office, who will produce work memos that include the type of control, priority of work to be done and the responsible party.
2. The work memos will be in duplicate.
3. One copy will be held by the Health and Safety Office and a second copy will be forwarded to the Department Head for action. Target dates for completion will depend on the level of hazard, as well as the type of hazard control (elimination, engineering, administrative, or PPE).
4. As the work is completed the work memo will be signed off by the department head and returned to the Health and Safety Office to match up with the original to ensure completion.

Adopted by Health and Safety Committee

Date: November 18/19



\_\_\_\_\_  
Chief Administrative Officer

Attachments:

- Worksite Hazard Identification Form Process
- Worksite Hazard Identification Guide
- Worksite Hazard Identification Form
- Worksite Hazard Identification Work Order

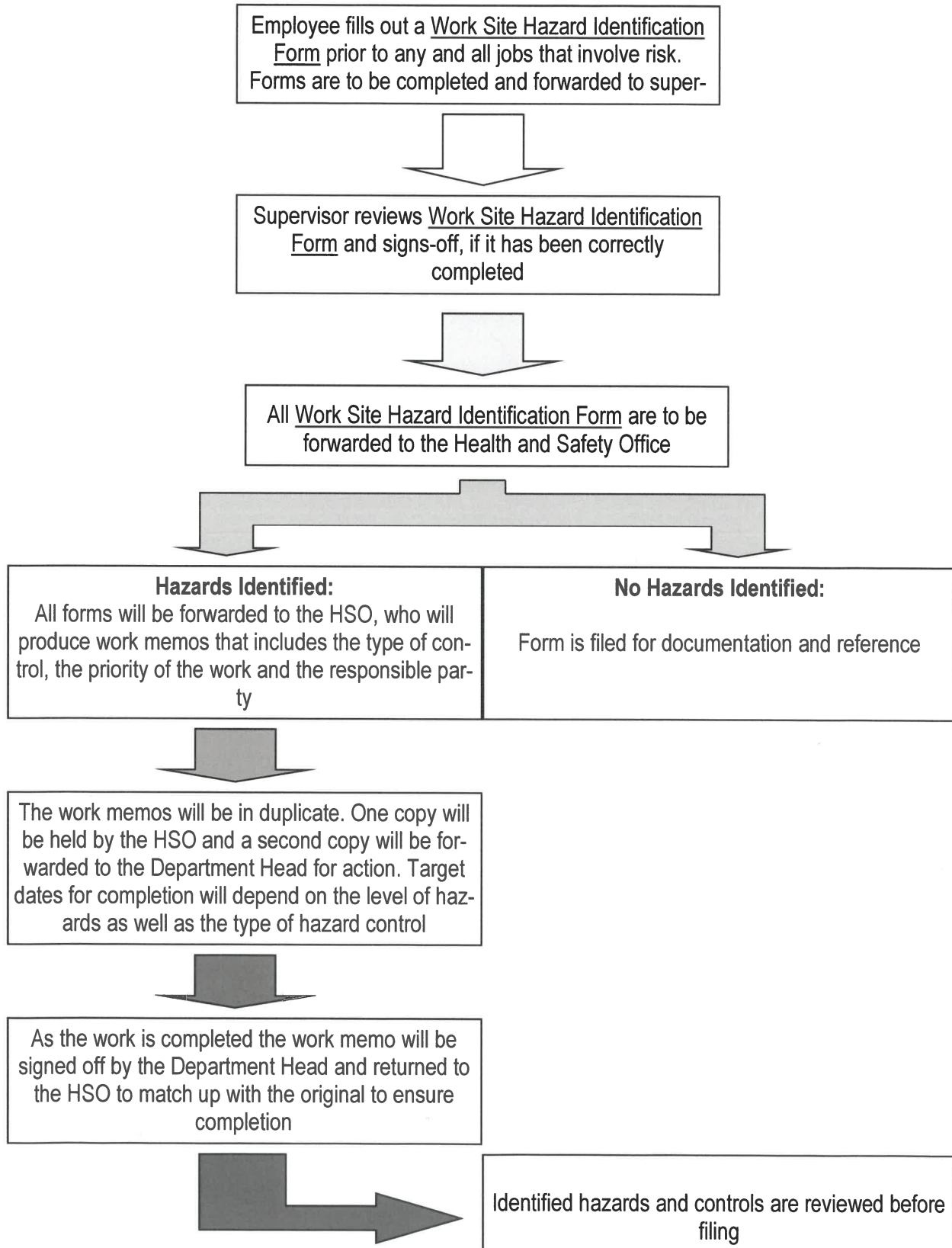


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## WORK SITE HAZARD IDENTIFICATION



### Form Process





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## WORK SITE HAZARD IDENTIFICATION



### Form Guide

#### **INSTRUCTIONS**

1. Complete top portion of form—information related to the job being performed
2. Review hazard categories and identify any and all hazards present
3. If a hazard is present, identify the protection used. The only time protection is not applicable is when there are no hazards to the job
4. Summarize all hazards found (on the back of the form) and assign a hazard level. The identification of hazard levels helps the Health and Safety Office to determine appropriate hazard controls.
5. List any comments/concerns
6. Sign and date employee consent area
7. Forward to Supervisor

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#### **A fully completed form includes the following:**

- All hazards have been identified or recognized as not applicable
- Protection has been identified for any hazards found on the job site
- All hazards are summarized and assigned a hazard classification level
- Completed form is dated and signed-off by employee
- Completed form is reviewed and signed-off by supervisor
- Completed form is forwarded to the Health and Safety Officer

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#### **Hazard Classification Levels**

- A** high probability of injury requiring Immediate corrective action
- B** conditions and/or activities which expose one to undue risk or injury and should be corrected as soon as possible
- C** low hazard—"fix it" item
- D** work site/environmental hazard—not fixable, caution advised

#### **What happens if the form is not completed?**

If a Work Site Hazard Form has not be fully completed it will be sent back to either the employee or the supervisor, dependent on the incomplete areas.

Incomplete areas will be highlighted and the form will follow through the same process as initially filling it out (see above).



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## WORK SITE HAZARD IDENTIFICATION WORK ORDER



Date:

Issued By:

Issued To:

**WORK ORDER #:**

Report Date |

Reported By |

Location |

### WORK ORDER DETAILS

WO#	Priority	Description	Corrective Action	Completion	
				Individual	Date

### WORK ORDER COMPLETION

WO#	Completion		Signature of Individual
	Individual	Date	

\_\_\_\_\_  
**Manager's Signature**

\_\_\_\_\_  
**Date**

*To be completed by Health & Safety Office only:*

Target Date for Completion:

Date Work Order Completed:



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## WORK SITE HAZARD IDENTIFICATION FORM



<b>DATE:</b>	<b>LOCATION:</b>
<b>ASSESSMENT CONDUCTED BY:</b>	
<b>OTHER EMPLOYEES PRESENT:</b>	
<b>SPECIFIC TASKS PERFORMED AT THIS LOCATION:</b>	

IDENTIFIED HAZARDS	SEV	PRO	PRI
Housekeeping			
Material Storage			
Waste Disposal			
Lighting			
Ventilation			
Environmental (Eg. Hot or Cold)			
Radiation Exposure			
Gas (Toxic or Non-Life Supporting)			
Flammables (Fire/Explosion)			
Dangerous Pressure			
PPE (Specify)			
Hazardous Materials (WHMIS)			
Personal Risk Positioning			
Electrical Hazards			
Overhead Hazards			
Underground Hazards			
Other:			

IDENTIFIED HAZARDS	SEV	PRO	PRI
Other Work Groups			
Scaffolds / Ladders / Work at Heights			
Excavation			
Hand Tools			
Major Lifts (Hoisting)			
Vehicles			
Mobile Equipment			
High Traffic			
Power Tools			
Permits			
Communications			
First Aid / Training / Equipment (Circle)		Yes / No	
Qualifications of Personnel			
General Public			
Confined Space Entry			
Other:			
Other:			

Severity x Probability = Priority

Assessment	
Priority less than 3	Very High
Priority 3 - 4	High
Priority 6 - 9	Medium
Priority over 9	Low

**Severity**

1. Causing permanent disability, loss of life, extensive property loss.
2. Causing serious injury or illness, property damage that is disruptive but not extensive.
3. Causing minor injury or illness, non-disruptive property damage

**Probability**

1. Probable - likely to occur immediately or soon
2. Reasonably Probable - likely to occur eventually
3. Remote - could occur at some point
4. Extremely Remote - unlikely to occur

*Please complete the other side of this form.*



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## WORK SITE HAZARD IDENTIFICATION FORM



<p align="center"><b>EYE &amp; FACE PROTECTION</b></p> <p><u>Protection to consider:</u></p> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Impact <input type="checkbox"/> Splash <input type="checkbox"/> Face Shield <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable	<p align="center"><b>HEAD PROTECTION</b></p> <p><u>Protection to consider:</u></p> <p>Hard Hat:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
<p align="center"><b>TRAFFIC PROTECTION</b></p> <p><u>Protection to consider:</u></p> <input type="checkbox"/> Signage <input type="checkbox"/> Flag Person <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable <span style="float: right;"><input type="checkbox"/> None</span>	<p align="center"><b>HAND PROTECTION</b></p> <p><u>Protection to consider:</u></p> <p>Gloves:</p> <input type="checkbox"/> Yes (indicate type) <input type="checkbox"/> Chemical Resistant <input type="checkbox"/> Temperature Resistant <input type="checkbox"/> Abrasion Resistant <input type="checkbox"/> Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Other: _____
<p align="center"><b>ENVIRONMENTAL PROTECTION</b></p> <p><u>Protection to consider:</u></p> <input type="checkbox"/> Protective clothing: _____ <input type="checkbox"/> Hearing protection <input type="checkbox"/> Communication <input type="checkbox"/> Cell phone <input type="checkbox"/> Radio <input type="checkbox"/> Proper lifting technique <input type="checkbox"/> Back support <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable <span style="float: right;"><input type="checkbox"/> None</span>	<p align="center"><b>FOOT PROTECTION</b></p> <p><u>Protection to consider:</u></p> <p>CSA Safety Shoes:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____

**CONCERNS & COMMENTS:**

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1. By signing this form, you are responsible for ensuring that the team members are aware of all identified hazards involved in the stated activity/task;
2. You have made the team members aware that they can stop work if deemed dangerous; and
3. You have the authority to suspend work to ensure safety of your crew. You will have the full support of your supervisor

I certify that the above inspection was performed to the best of my knowledge and ability based on the hazards, dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

\_\_\_\_\_

Print Name Signature

**TO BE COMPLETED BY SUPERVISOR ONLY:**

1. By signing this form you are responsible for ensuring that this Hazard Assessment & Identification form has been properly completed by the above employee;
2. All team members have been made aware of any and all safety considerations; and
3. Ensuring employees have taken the necessary precautions that will result in a safe work environment.

\_\_\_\_\_

Print Name Signature