



**ADMINISTRATION POLICY # A-05-21  
SITE SPECIFIC HAZARD IDENTIFICATION POLICY**

*Supersedes # A-07-19*

**1. PURPOSE**

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

**2. POLICY STATEMENT**

The Town of Drumheller shall maintain procedures herein contained in order to be consistent throughout the organization

**3. INTRODUCTION – Site- Specific Hazard Assessment & Identification Form**

- 3.1 The Town of Drumheller has developed a "Site - Specific Hazard Assessment & Identification Form." All employees are to complete a Site-Specific Hazard Assessment & Identification form prior to any and all jobs that involve risk, before work begins on the day of the task and repeated if any changes are introduced. Hazards must be reviewed every three years (3) or when a new activity has been temporarily introduced at a work-site or when work is conducted at a temporary/ mobile worksite.
- 3.2 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.
- 3.3 There are six (6) different sections to be considered:
  - a) Overhead hazards
  - b) Eye and face hazards
  - c) Hand hazards
  - d) Foot hazards
  - e) Traffic hazards
  - f) Environmental hazards
- 3.4 The forms are to be completed, signed by the employee and forwarded to their Manager for signature then sent to the Health and Safety Officer. In completing this process, team members are made aware of safety considerations. The process also serves as a pre-activity planning tool.

#### **4. PROCESS**

- 4.1 All employees are to complete and forward the attached form. The reporting of hazards is one step toward the prevention of future accidents in the workplace.
- 4.2 All forms will be forwarded to Health and Safety Officer, who will produce workmemos that include the type of control, priority of work to be done and the responsible party.
- 4.3 The work memos will be in duplicate.
- 4.4 One copy will be held by the Health and Safety Officer and a second copy will be forwarded to the manager/supervisor 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).
- 4.5 As the work is completed, the work memo will be signed off by the Manager and returned to the Health and Safety Office to sign off for completion and to match up with the original work order.

Adopted by Health and Safety Committee  
Date: November 17, 2021

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Darryl Drohomerski, C.E.T.  
Chief Administrative Officer

Attachments:  
Site-Specific Hazard Identification Process  
Site-Specific Hazard Identification Guide  
Site-Specific Hazard Identification Form  
Site-Specific Hazard Identification Work Order

## SITE SPECIFIC HAZARD IDENTIFICATION FORM

DATE:	LOCATION	
	FACILITY	MOBILE/TEMPORARY WORKSITE
ASSESSMENT CONDUCTED BY:		
All EMPLOYEES /CONTRACTOR PRESENT:		
SPECIFIC TASKS PERFORMED AT THIS LOCATION		

IDENTIFIED HAZARDS	SEV	PRO	PRI
Housekeeping			
Material storage			
Waste Disposal			
Lighting			
Ventilation			
Environmental (Hot or Cold)			
Radiation Exposure			
Gas (Toxic or Non-Life Supporting)			
Flammables (Fire/Explosion)			
Dangerous Pressure			
PPE (Specific)			
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 Equipmen1			
High Traffic			
Power Tools			
Permits			
Communications			
First Aid/Training/Equipment (Circle)			
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.*

### SITE SPECIFIC HAZARD IDENTIFICATION FORM

<p style="text-align: center;"><b>HEAD PROTECTION</b></p> <p><u>Protection to Consider:</u></p> <input type="checkbox"/> Hard Hat: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable	<p style="text-align: center;"><b>SHOE PROTECTION</b></p> <p><u>Protection to Consider:</u></p> <input type="checkbox"/> CSA Safety Shoes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
<p style="text-align: center;"><b>HAND PROTECTION</b></p> <p><u>Protection to Consider:</u></p> <input type="checkbox"/> Gloves (indicate type) <input type="checkbox"/> Chemical Resistant <input type="checkbox"/> Temperature Resistant <input type="checkbox"/> Abrasion Resistant <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable	<p style="text-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
<p style="text-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"/> Not Applicable <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Applicable	<p style="text-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"/> Cellphone <input type="checkbox"/> Radio <input type="checkbox"/> Proper lifting technique <input type="checkbox"/> Back support <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Other: _____

**CONCERNS & COMMENTS:**

**Has a new activity been temporarily introduced at this work site?   NO   YES, Explain**

**Have new hazards been discovered at this work site?   NO   YES, Explain**

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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 the 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 knowledge and ability based on the hazards, dated this

\_\_\_\_\_ day of \_\_\_\_\_, In the year of \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Managers

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health & Safety Office

\_\_\_\_\_  
Date

**SITE - SPECIFIC HAZARD IDENTIFICATION  
FORM GUIDE**

**INSTRUCTIONS**

1. Complete top portion of form—information related to the job being performed and must be conducted before work begins on the day of the job. If changes are temporarily introduced, a new site-specific hazard identification is required.
2. Check off if work is being conducted at a facility or is it work being conducted at a temporary mobile work site.
3. Review hazard categories and identify any and all hazards present
4. 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
5. Summarize all hazards found (on the back of the form) and assign a hazard level. The identification of hazard levels helps the Health & Safety Officer to determine appropriate hazard controls.
6. List any comments/concerns
7. Sign and date employee consent area
8. 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 & 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 fix-able, caution advised

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

If a Site-Specific Hazard Assessment Form has not been 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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I certify that the above inspection was performed to the best of knowledge and ability based on the hazards, dated this

\_\_\_\_\_ day of \_\_\_\_\_, In the year of \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Managers

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health & Safety Office

\_\_\_\_\_  
Date





## SITE - SPECIFIC HAZARD WORK ORDER

Date:

Issued By:

Issued to:

Report Date:

Reported By:

Location:

<b>WORK ORDER #:</b>
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### WORK ORDER DETAILS

Description	WO#	Corrective Action	<u>Completion</u>	
			Individual	Date

### WORK ORDER COMPLETION

WO#	<u>Completion</u>		Signature of Individual
	Individual	Date	

\_\_\_\_\_

\_\_\_\_\_

Managers Signature

Date

*To be completed by Health & Safety Officer*

Signature \_\_\_\_\_  
Greg Peters

\_\_\_\_\_ Date Closed