

| Pre-Lift | Job | Hazard | Assessment |
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Number: OH&S 18.26.2

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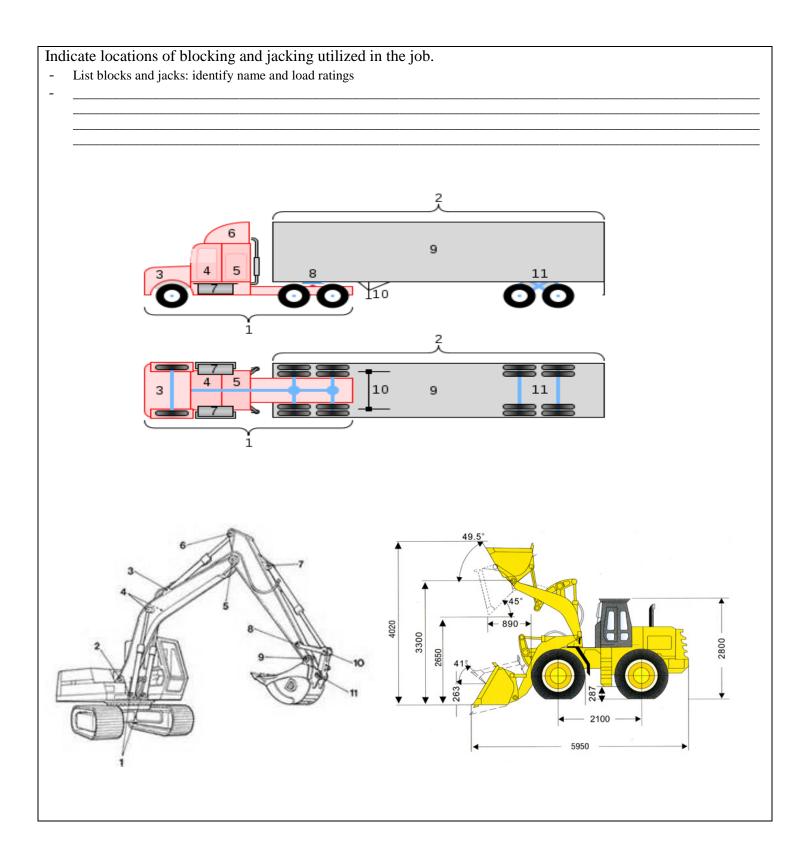
Date: 10/22/2014

Date of Lift: 34T Machinery & Lift Description: Machinery & Lift Location: Name of student(s) (print) Instructor (print)_____ Signature of Instructor_____ **SITE ASSESSMENT: Site Condition:** Workspace: Surface condition, Weather, lighting, Noise Ventilation Cramped, awkward, limited access Gas / Chemicals: Heights / Falls: Caustics, Acids, Chemical Burns, Solvents Guardrails; Slipping & Tripping; Fall Restraint Or Arrest; Housekeeping: **Emergency:** Aisle Ways, Doors, Exits Clear, Trip / Slip Hazards Showers/Eye Wash Locations, Department Evacuation, Mill Evacuation, and Muster stations **SELF ASSESSMENT: Ergonomics:** Hardhat, Boots, Gloves, Eyewear, Proper Clothing, Face Shield, Lifting Assistance, Repetitive Motion, Work In Awkward Position Other: Balance, Traction, Grip, Stress, Frustration, Rushing, Complacency **JOB ASSESSMENT** Safe Work Procedures: Lock Out: Area or Job Specific Procedures Personal Locks, Lockout Points Stored Energy (Air, Hydraulics, Electrical, Gravity) Fire / Hot Work: **Tools / Machinery:** Fire Extinguishers, Hot Work Permits, Report All Fires Hand tools are Good Condition, Power Tools In Good Condition, Inspect Before Use, **Cranes/Rigging/Lifting:** П Logbook Completed, Pre Use Inspection, Proper Lifting & Rigging Equipment, Load Rate, Person in Charge,

| PΔRT C = Risk | Assessment (To be co | mnlated by supervisor of area for any b | azard n | oar mi | ee or injur | v which no | acassitata | ad or | | | |
|---|----------------------|--|--|--------|-------------|------------|------------|----------|---------|------------|-----------|
| PART C – Risk Assessment (To be completed by supervisor of area for any hazard, near miss or injury which necessitated or had the potential for medical treatment or resulted in lost time) | | | | | | | | ou oi | RISK RA | NKING: [Us | - Matrix1 |
| had the potential for medical treatment or resulted in Step 1 – Consider the Consequences What are the consequences of this incident occurring? Consider what could reasonably have happened as well as what actually happened. Look at the descriptions and choose the one most suitable. CONSEQUENCES | | Step 2 – Consider the Likelihood What is the likelihood of the consequence identified in | Step 3 – Calculate the Risk 1.Take step 1 rating and select the correct column 2.Take Step 2 rating and select the correct line 3. Circle the risk score where the two ratings cross on the matrix below. E=E1 reme, H=High, M=Medium, L=Low, N=Negligible | | | | | | Low | | |
| Consequenc | ce Description | Likelihood Description | l ' | | C | ONSEQ | UENCE | ES | | | |
| Major injuries | Death or extensive | A Is expected to occur | | Α | Maj E | Mod E | Min H | Ins M | | | |
| Moderate | Medical treatment | B Could probably occur C Could occur, but only | LIKELIHOOD | В | E | Н | M | M | | | |
| Minor | First aid treatment | rarely | 픮 | С | Н | M | M | L | | | |
| Insignificant | No treatment | D may occur, but probably never will. | LIK | D | M | M | L | N | | | |
| Site Assessr | nent: Notes | | | | | | | | | | |
| Lift Assessr | ment: Notes | | | | | | | | | | |
| Lift Change | es /Alterations: | Notes | | | | | | | | | |

PLEASE RETURN COMPLETED PRE-JOB HAZARD ASSESSMENT FORMS TO YOUR INSTRUCTOR.

Date: 10/22/2014



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