



# JOB SAFETY ASSESSMENT

DATE: \_\_\_\_\_

MODEL #: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_

## ASSESSMENT:

ARE YOU FIT FOR DUTY TODAY? (If no, stop and report to supervisor).  YES  NO

DO YOU HAVE THE NECESSARY KNOWLEDGE/TOOLS/EQUIPMENT/PPE?  YES  NO

IS EQUIPMENT LOCKED OUT/CHOCKED?  N/A  YES  NO

DO YOU NEED ADDITIONAL MANPOWER OR ASSISTANCE?  YES  NO

WHAT IS THE MOST COMMON HAZARD WHEN PERFORMING THIS TASK?

\_\_\_\_\_

WHAT IS THE MOST SERIOUS HAZARD WHEN PERFORMING THIS TASK?

\_\_\_\_\_

## IDENTIFIED POTENTIAL HAZARDS:

- SLIPS/TRIPS/FALLS
- CUTS/ABRASIONS
- ENERGIZED ELECTRICAL
- STORED ENERGY
- EXTREME HEAT/COLD
- CAUGHT IN/UNDER/BETWEEN
- SUSPENDED LOADS
- CONFINED SPACES
- ROADWAY/TRAFFIC HAZARDS
- FLAMMABLE/EXPLOSIVE
- ACIDS/CAUSTICS
- MOVING/ROTATING EQUIPMENT
- OTHER (Identify) \_\_\_\_\_

## CONTROLS FOR IDENTIFIED POTENTIAL HAZARDS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager/Supervisor Signature:

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