

Worker Assessment Checklist

Worker Name <i>(first & last):</i>		Date of Assessment:	
Worker Occupation:		<input type="checkbox"/>	New Worker or Worker returning from absence
		<input type="checkbox"/>	Observation
		<input type="checkbox"/>	Monthly Assessment
Activity being assessed:		Licence / certificate(s) for task:	

Worker assessment to be completed at a frequency determined by the worker's experience, job task/hazard(s), and other factors potentially affecting the safety of person(s) on the worksite.

Company Policies & Procedures	Check if Safe	Include comments both positive and when improvement is needed.
Emergency Response Plan (ERP)		
Can locate ERP	<input type="checkbox"/>	
Knows personal location on map	<input type="checkbox"/>	
Can identify "Safe" areas	<input type="checkbox"/>	
Can identify 1 st Aid attendant(s)	<input type="checkbox"/>	
Has appropriate 1 st Aid equipment	<input type="checkbox"/>	
Understands right to refuse unsafe work and what to do when unplanned issues come up	<input type="checkbox"/>	
Before "Clear to Approach" Signal Given		
Stops work & makes eye contact	<input type="checkbox"/>	
Stops all moving parts or tools	<input type="checkbox"/>	
Lowers blade / boom / head / saw	<input type="checkbox"/>	
Gives "clear to approach" signal	<input type="checkbox"/>	

Safe Work Procedures for Task		
Can identify worksite hazards	<input type="checkbox"/>	
Can describe how hazards are eliminated, controlled or managed.	<input type="checkbox"/>	
Is alert and focused on job	<input type="checkbox"/>	
Demonstrates safe use of tools & equipment	<input type="checkbox"/>	
Demonstrates Lock-out procedures	<input type="checkbox"/>	
Uses 3 point mount / dismount	<input type="checkbox"/>	
Has completed pre work checks on tools and equipment.	<input type="checkbox"/>	
Wears seat belt when operating equipment (including vehicles)	<input type="checkbox"/>	
	<input type="checkbox"/>	
Personal Protective Equipment (PPE)		
Hard hat of required colour	<input type="checkbox"/>	
Uses appropriate eye / face protection	<input type="checkbox"/>	
Uses required hearing protection	<input type="checkbox"/>	
Wears high visibility / protective clothing	<input type="checkbox"/>	
Wears appropriate footwear for job	<input type="checkbox"/>	
Other		
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Follow up required:		
<input type="checkbox"/> New Worker is competent to perform assigned duties under normal supervision.		
Signature of Employee / Contractor	Name & Signature of Supervisor / Trainer	