

# Block Site Hazard Assessment/Site Inspection/Pre-Work Meeting/Daily Pre-Shift Safety Meeting

Date: \_\_\_\_\_ Block: \_\_\_\_\_ Site: \_\_\_\_\_

Check off all that apply:	<input type="checkbox"/> Site Hazard Assessment	<input type="checkbox"/> Site Inspection	<input type="checkbox"/> Pre-Work Meeting	<input type="checkbox"/> Daily Pre-Shift Safety Meeting
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**Persons Present:**

Name (Print) Use reverse of sheet if necessary	Signature	Check off if employee	Contractor (name)	Sub-contractor (name)
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

**Discussion with crew:**

Emergency Muster Point:				
Latitude and Longitude for Helicopter Evacuation Site:				
Barriers to providing First Aid to an injured worker on any part of the work site (long walks, steep slopes etc.):				
Potential time/logistic difficulties in transporting an injured worker to a treatment facility:				
Description of evacuation route:				
Any safety incidents including close calls relating to those changing conditions?				
Communications devices checked?	<input type="checkbox"/> Radio	<input type="checkbox"/> Sat Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Other
Radio channel confirmed:				
ETV checked and positioned correctly?		ETV location:		
Name of first aid attendant for shift:				
Types of injuries likely to occur today:				
Equipment Inspected? Equipment requiring repair today:				
Check in frequency agreed to:		Check in person:		
Personal protective equipment being worn and in good condition by all?				
Warning signage placed? Barriers positioned?				

Safety Alerts discussed (name)?

Risks and hazards on site (Any significant changes to work site and operational conditions? e.g. steep slopes, danger trees, wind, road conditions, new activities?).

Record hazards or other items to be addressed on Corrective Action Log (CAL) below. CAL (Review each day)

Identified Problem	Required Corrective Action	By Whom	By When	Date Done
<b>Supervisor Name</b>		<b>Signature</b>		