

FLHA

Describe the task(s) being performed		See It <i>What could go wrong?</i>
Appliance Installations		Evaluate It <i>How bad could it be?</i>
		Control It <i>What can I do to fix it?</i>
Hazards to Consider- check off all that apply		
Physical		
☒ Housekeeping ☐ Material storage & handling ☒ Slip/Trip/Fall potential ☐ Blocked exits & walkways ☐ Confined/restricted space ☐ Improper ventilation ☐ Powerlines overhead/ underground ☐ Ground/surface condition ☐ Open Excavation	☐ Lighting ☐ Weather ☐ Hot work ☐ Vehicle/pedestrian traffic ☐ Working at heights ☐ Scaffolding ☐ Falling objects ☐ Loads moving or being hoisted ☐ Ladder use ☐ Critical Lift	☐ Others working below/overhead ☐ Incorrect tools/equipment ☐ Working on/near energized equipment ☒ Defective tools/equipment ☐ Unguarded equipment ☐ Noise ☐ Vibration ☐ _____
Ergonomic		
☒ Awkward body positioning ☐ Overextension ☐ Repetitive Motion	☒ Twisting/reaching/bending ☐ Cramped/tight work area ☐ Forceful pushing/pulling	☐ Awkward grip/load carried ☐ Working at over head height ☐ _____
Chemical		
☐ Freeze burn ☐ Chemical handling/storage ☐ Spill potential	☒ Dust/fumes/vapours/gases ☐ Fire/explosion/reactive properties	☐ Acid/corrosive material ☐ Aerosols ☐ _____
Biological		Psychosocial
☐ Waste disposal ☐ Blood/bodily fluid ☐ Virus/bacteria ☐ Insect bite ☐ Lack of hygiene/sanitation ☐ _____		☐ Personal limitations/illness, age, mental stability ☐ Harassment/violence ☐ Stress/fatigue ☐ Working alone ☐ Worker(s) not competent ☐ _____
List PPE Required: Hardhat – Remain in arms reach, Steel Toe Boots 6” Minimum, High Vis Vest. – Safety glasses and Gloves when required.		PPE Inspected? ☒ Yes ☐ No



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Company Name: Innate Quality Installations LTD.		Risk = Severity X Likelihood <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%; padding: 5px;">Severity</th> <th style="width: 50%; padding: 5px;">Likelihood</th> </tr> <tr> <td style="padding: 5px;">1-Minor first aid injury or damage</td> <td style="padding: 5px;">1-Unlikely</td> </tr> <tr> <td style="padding: 5px;">2-Medical treatment or major damage</td> <td style="padding: 5px;">2-May Happen</td> </tr> <tr> <td style="padding: 5px;">3-Lost time, fatality or catastrophic damage</td> <td style="padding: 5px;">3-Highly Likely</td> </tr> </table>		Severity	Likelihood	1-Minor first aid injury or damage	1-Unlikely	2-Medical treatment or major damage	2-May Happen	3-Lost time, fatality or catastrophic damage	3-Highly Likely
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Date:											
Project: Caliber - Guilden											
Identify the hazards and outline plans to eliminate or control each hazard. Then assign a risk rating.											
HAZARD	CONTROLS	RISK RATING									
Housekeep	Maintain a clean work environment	1									
Slip/Trip/Fall Potential	Clean work environment, proper lighting and footwear	2									
Defective Tools/Equipment	Daily tool inspection	1									
Awkward Body Position	Proper Technique, SWP for lifting	1									
Twisting/reaching/bending	Proper installation technique and tools to be used	1									
Dust	Wear facemasks when required (Sweeping appliance openings)	2									
Did you properly lock out & tag any defective tools/equipment? ✓ Yes ☐ No											
Did you notify nearby workers of any hazards that may affect them? ☐ Yes ✓ No											
WORKER NAME (print)	SIGNATURE	TIME	INITIAL								
NOTE: If leaving and coming back to a task, workers must record the time and initial, acknowledging that no new hazards are present.											

ALL AFFECTED WORKSITE PARTIES MUST SIGN OFF BEFORE WORK CAN BEGIN