

## **EXAMPLE**

### **HAZARD ASSESSMENT FORMS & CHECK LISTS**

- Action Plan
- Hazard Assessment
- Incident Report
- JHA Check List
- Job Hazard Analysis
- Witness Statement

**ACTION PLAN WORKSHEET**

**Department:**  
**Address:**  
**Date of Audit:**

**Department Contact:**  
**Date APW issued:**

**Opportunity For Improvement**

Action Steps to be Taken	Step Assigned To:	Estimated Completion Date	Actual Completion Date

**Opportunity For Improvement**

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Action Steps to be Taken	Step Assigned To:	Estimated Completion Date	Actual Completion Date



## Worksite Hazard Assessment

<b>Department:</b>
<b>Location/Address:</b>
<b>Date Conducted:</b>
<b>Conducted by:</b>

### General Work Environment

	Yes	No	NA
Are all worksites clean and orderly?			
Are spilled materials cleaned up immediately?			
Are all toilets and washing facilities clean and sanitary?			
Are all work areas adequately illuminated?			
Are desk drawers and filing cabinet drawers kept closed when not in use?			
Are employees potentially exposed to infectious agents in body fluids?			
Are filing cabinets and shelves over 4ft. in height anchored to prevent tipping?			
Are paper cutters kept in the closed and locked position when not in use?			
Are all applicable OSHA required postings present?			

### IIPP/EAP

Is the IIPP readily available and do employees know its location?			
Is the IPP reviewed periodically and revised as needed?			
Is the Emergency Action Plan reviewed periodically and revised as needed?			
Are employees trained in emergency procedures?			
Is periodic testing of emergency notification system(s) performed?			
Are periodic emergency drills conducted?			

**First Aid**

Are contents of the first aid kit clean, orderly and sufficiently stocked?			
Is the location of the first aid kit clearly marked?			
Do the contents of the kit conform to the County Health Officer's recommendations?			
Are first aid kits regularly checked for expired contents?			

**Floor and Aisles**

Are floors and walkways even and in good repair?			
Is carpet, tile and/or linoleum in good repair?			
Are the aisle and walkways free from stored materials, trip hazards or other obstructions?			
Are aisles and walkways marked as appropriate?			
Are pits or other floor openings covered or otherwise guarded?			

**Fire Prevention**

Are portable fire extinguishers provided in adequate number and type?			
Are fire extinguishers mounted in readily accessible locations?			
Are fire extinguishers inspected on a regular basis?			
Are employees trained in the use of fire extinguishers?			
Are materials stored at a minimum of 18" below sprinkler heads?			

**Electrical (general)**

Are all outlet covers and switches in good repair?			
Are all electrical cords in good repair (not frayed or damaged)?			
Are employees prohibited from "daisy chaining" surge protectors?			
Are employees prohibited from using extension cords to power permanently stationed electrical equipment?			
Are cords stretched across walkways properly secured to prevent tripping?			
Are all portable hot plates, coffee pots and other appliances in good working condition?			
Are outlets located within 6" of a water source equipped with a ground fault interrupter?			
Are areas around electrical panels marked and free of stored materials?			

**Egress**

Yes No NA

Are exit doors marked and clearly visible?			
Are doors that could be mistaken for exits clearly marked "not an exit"?			
Are all illuminated exit signs in working order?			
Can all exit doors be opened from the inside without the use of a key?			
Are all exit doors kept free from obstructions?			
Are emergency exit site maps posted?			

**Occupational Health**

Are all chemicals properly labeled?			
Are all secondary containers labeled?			
Are Safety Data Sheets available for all required chemicals present?			
Are employees aware of the hazard of chemicals in the work site?			
Are employees at risk of injury from falling or flying objects?			
Are employees working in the same area as moving vehicles?			
Do employees handle money?			
Are employees provided ergonomic training and/or evaluation?			
Are workstations designed to prevent excessive bending or stooping?			
Are workers instructed in the proper method for lifting heavy objects?			
Do employees handle materials that require the use of gloves for protection?			

**Portable Ladders**

Do employees at this location use portable ladders?			
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**Noise**

Are there areas in the workplace where continuous noise levels make communication between workers difficult?			
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**Temperature**

Are employees exposed to elevated temperatures?			
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**Personnel Protective Equipment**

Are employees required to use PPE (respirator; eye, ear, head, hand, foot protection; other PPE)?			
Are employees trained in the use of any required personal protective equipment?			
Are eye wash stations required and are they inspected monthly to ensure proper working order and cleanliness?			

**Elevated Surfaces**

Yes

No

NA

Do employees at this location work on elevated surfaces (walkways, bridges, loading docks...)?			
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Do employees at this location work at heights that require the use of fall protection?			
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**Industrial Trucks - Forklifts**

Do workers at this location operate a forklift(s)?			
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**Cranes**

Do employees at this work site operate cranes?			
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**Hand Tools and Equipment**

Do workers at this location operate hand tools (other than occasional use of screwdriver or hammer)?			
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**Portable (Power Operated) Tools and Equipment**

Do workers at this location use power operated tools?			
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**Abrasive Wheel Equipment Grinders**

Do workers at this location use abrasive wheel grinders?			
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**Power Actuated Tools**

Are power actuated tools used at this location (Hilti or Ramset gun)?			
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**Machine Guarding**

Is there tools or machinery at this location that require guarding?			
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**Lockout Tagout**

Is there equipment at this location that requires a lockout tagout program for repairs or general maintenance?			
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**Welding, Cutting or Brazing**

Is welding, cutting or brazing activities performed by employees at this location?			
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**Compressors and Compressed Air and Compressed Air Receivers**

Are compressors or compressed air or compressed air receivers used at this location?			
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**Are Compressed Gas Cylinders**

Are compressed gas cylinders used at this location?			
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**Hoist and Auxiliary Equipment**

Are hoist and auxiliary equipment used at this location?			
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**Spraying Operations (paint)**

Are spraying operations conducted at this location?			
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**Confined Spaces**

Do employees job tasks include entering confined spaces?			
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**Flammable and Combustible Materials**

Are flammable or combustible materials used or stored at this location?			
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If yes, do you have a fire prevention plan?			
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**Electrical (for workplace electricians)**

Do work tasks of employees at this location involve conducting repairs or maintenance of electrical equipment?			
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**Fueling Operations**

Are fueling operations conducted at this location?			
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**Hazardous Chemical Exposure**

Are employees at this location exposed to industrial use of chemicals?			
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Do job tasks at this location involve the use of hazardous chemicals?			
---	--	--	--

If yes, is there a written hazardous communication plan?			
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**Identification of Piping Systems**

Are all pipes identified with contents and any applicable warnings?			
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**Material Handling?**

Are employees at this location involved in loading/unloading or otherwise handling/moving equipment or materials?			
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**Ventilation of Hazardous Substances?**

Does this location utilize/produce hazardous substances that require ventilation?			
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**Tire Inflation (automotive)**

Do job tasks at this location involve the mounting and inflation of tires?			
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**Other Hazards Identified:**

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**Job Hazard Analysis (JHA)**

<b>Job/Hazard Description</b>	<b>Name of Shop or Dept:</b>	
	<b>Job Title(s):</b>	
	<b>Analyzed by:</b>	
	<b>Date:</b>	
<b>TASK</b>	<b>HAZARDS</b>	<b>CONTROLS</b>
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
1.	1.	1.
<b>Required/Recommended PPE:</b>		
1. 2. 3. 4. 5.		
<b>Required/Recommended Trainings:</b>		
1. 2. 3. 4. 5.		

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<b>Location/Address:</b>
<b>Date Conducted:</b>
<b>Conducted by:</b>

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<b>Egress</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
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Yes

No

NA

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**Other Hazards Identified:**

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## Job Hazard Checklist

### General Workplace Safety

- Are all work areas clean, orderly, and free from obstructions?
- Are floors, walkways, and exits clear of tripping hazards?
- Are emergency exits clearly marked and accessible?
- Are fire extinguishers available, properly labeled, and regularly inspected?
- Are first aid kits stocked and easily accessible?
- Are emergency evacuation plans posted and understood by employees?
- Is lighting adequate in all work areas?

### Office & Administrative Areas

- Are electrical cords properly managed to prevent tripping or fire hazards?
- Are workstations ergonomically designed to reduce strain and injuries?
- Are file cabinets and shelves stable and properly secured?
- Are employees trained on proper lifting techniques for heavy objects?
- Are fire prevention measures in place (e.g., no overloaded outlets, proper storage of flammable items)?

### Field Work & Maintenance Operations

- Are employees provided with proper personal protective equipment (PPE)?
- Are vehicles and equipment regularly inspected and maintained?
- Are employees trained on safe operation of machinery and tools?
- Are hazardous materials stored and handled correctly?
- Are safety data sheets (SDS) available and employees trained in their use?
- Is there a plan in place for working in extreme weather conditions?

### Public Interaction & Security

- Are employees trained on dealing with difficult or aggressive individuals?
- Are security measures in place for public buildings and offices?
- Are employees aware of reporting procedures for security threats or concerns?
- Is there adequate lighting in public access areas?

### Health, Environmental Safety & Weather Preparedness

- Are indoor air quality and ventilation systems properly maintained?
- Are employees trained in recognizing symptoms of heat stress or illness?
- Are restrooms and break areas clean and well-maintained?
- Are drinking water and rest facilities available for employees?
- Are waste disposal and recycling procedures followed properly?
- Are employees aware of weather-related hazards such as extreme heat, cold,

storms, or flooding?

- Are weather emergency procedures in place and communicated to employees?
- Are outdoor workers provided with appropriate gear for seasonal weather conditions?

**Training & Compliance**

- Are employees trained in workplace safety policies and procedures?
- Are regular safety inspections conducted and documented?
- Are incident reports completed for any workplace accidents or injuries?
- Are safety meetings conducted periodically?
- Are employees aware of whistleblower protections for reporting hazards?

Sample

## INCIDENT REPORT

**Supervisor must complete within 24 hours of incident or injury. Please print clearly. Email a copy to Risk Management.**

Citizen Name				Department			
Address				Location			
City		State		Zip		Supervisor Name	
Phone		Cell		Phone		Cell	
Incident Date				Time		Incident Location	
Describe what happened							
Any witnesses? If so, please provide names and phone numbers.							
Weather Conditions		Light Conditions		Roadway Conditions			
<input type="checkbox"/> Clear	<input type="checkbox"/> Windy	<input type="checkbox"/> Day	<input type="checkbox"/> Dry	<input type="checkbox"/> Muddy			
<input type="checkbox"/> Rain	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Night	<input type="checkbox"/> Wet	<input type="checkbox"/> Paved			
<input type="checkbox"/> Fog	<input type="checkbox"/> Sleet	<input type="checkbox"/> Good Lighting	<input type="checkbox"/> Snow	<input type="checkbox"/> Unpaved			
<input type="checkbox"/> Snow		<input type="checkbox"/> Poorly Lit	<input type="checkbox"/> Ice				
Were the police called?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Police Report #			
Complete this section if citizen was injured							
Describe Injury							
Cause:				Type of Injury:			
<input type="checkbox"/> Slip and Fall	<input type="checkbox"/> Needle Puncture	<input type="checkbox"/> Scrape / Bruise	<input type="checkbox"/> Concussion				
<input type="checkbox"/> Struck by Equipment	<input type="checkbox"/> Object in Eye	<input type="checkbox"/> Sprain, Strain	<input type="checkbox"/> Bite				
<input type="checkbox"/> Lifting or Moving	<input type="checkbox"/> Repetitive / Overuse	<input type="checkbox"/> Puncture Wound	<input type="checkbox"/> Chemical Burn / Rash				
<input type="checkbox"/> Caught In, On or Between	<input type="checkbox"/> Other:	<input type="checkbox"/> Cut / Laceration	<input type="checkbox"/> Breathing Difficulty				
<input type="checkbox"/> No apparent injury	<input type="checkbox"/> Other:						
Was medical attention required?		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
Name of Hospital / Clinic / Physician							
Address				Phone			
Complete this section if damage to citizen's property							
Vehicle Year		Make		Model		Tag #	
Other, Description of Property							
Damage Estimate							
Describe Damage							

**COMPLETION OF THIS REPORT IS NOT AN ADMISSION OF LIABILITY, OR ACCEPTANCE OF A CLAIM. CITIZENS WISHING TO FILE A CLAIM AGAINST THE CITY MAY DO SO ON THE CITY'S WEBSITE. THE NOTICE OF CLAIM IS FOUND ON THE CITY SECRETARY'S PAGE.**

Supervisor Signature	Date
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# INCIDENT REPORT

Today's Date: \_\_\_\_\_ Department: \_\_\_\_\_ Dept # \_\_\_\_\_

Name of Manager/Supervisor notified: \_\_\_\_\_

Date/time notified: \_\_\_\_\_

**Date of incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ a.m./p.m. **Weather conditions:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Type of Incident (Check one): \_\_\_\_\_ Injury (slip/trip/fall) \_\_\_\_\_ Loss/Damage to Property  
\_\_\_\_\_ Vehicle Damage \_\_\_\_\_ Other

Was incident site inspected? \_\_\_\_\_ Yes \_\_\_\_\_ No Were pictures taken? \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of Incident and events that caused incident: (Use additional sheet(s) if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons Injured?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Name:	Address:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

**Property Damage?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate of Damages: \$ \_\_\_\_\_

Property Owner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses:**

Name:	Address:	Phone #:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

**Incident Preventable by City Employee(s):**      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Action City employee(s) could have taken to prevent Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** Note- all applicable questions prior to this section must be complete

Police or EMS notified?	Yes:	No:
Office of Risk Management notified?	Yes:	No:
Office of Environmental Management notified?	Yes:	No:

**Signatures:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

Use this form when a student is involved in an accident, incident or is injured on school property do not use for transportation bus issues

**Note: Contact School Administration immediately – follow-up with completed report as soon as possible.**

### **Student Accident or Injury Report**

School: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

*To be completed by staff member on duty or closest to incident.*

Did you witness the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of incident and location where it occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Your Name Title Signature Date

*To be completed by school nurse.*

Name of parent/guardian contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please circle one: phone call letter e-mail in person other explain \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Description of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment (note if student was transported - by whom – destination) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RISK MANAGEMENT INCIDENT REPORT

(The Purpose of this report is to obtain additional pertinent information on a serious injury accident to supplement the Standard Student Accident Form or report visitor injury accident. This document is not subject to public records law pursuant to F.S. 119.07 (1) as it is prepared in anticipation of future civil litigation and considered work product and therefore privileged.)

**Date of Incident:** \_\_\_\_\_ **School/ Site:** \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_ **Photos Taken? Y or N** **Video of area Available? Y or N**

**Name of Student (or Visitor):** \_\_\_\_\_

**Describe incident and list additional pertinent information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List good identifying information on any and all witnesses (use separate piece of paper if necessary):**

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of School/Site Administrator

\_\_\_\_\_  
Signature of Person Completing Report (if different than Administrator)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**An Equal Opportunity Agency**

