Site Specific Hazard Assessment (SSHA)

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| Date & Time | Site / Task Location | Emergency Muster Area |
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| **To be completed when:** | * You are doing task that is no on your formal Hazard Assessment * If conditions have changed * Existing controls are not adequate | * When working at temporary/alternate work sites * When working at mobile work sites * Doing any HIGH HAZARD work * If in doubt assess it first |

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| Sequence | Tasks | Present & Potential Hazards | Control (to reduce or eliminate risks) | |  |  | | --- | --- | | Examine each task to identify hazards and risks that could lead to injury or damage. | | | **Chemical Hazard** | | | Inhalation | Skin Contact | | Absorption | Injection | | Ingestion Corrosive  Unknown substances | | | **Biological** | | | Bacteria Fungus | | | Mould Viruses | | | **Physical** | | | Electrical | Noise | | Fire or explosion | Cuts | | Tripping  Housekeeping | Struck by | | **Psychological** | | | Length of shift | Threat of violence | | Communication challenges | | |  |  | | **Ergonomic** | | | Repetition | Vibration | | Awkward posture Weight | | |  |  | |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **PPE Required** | □ Hard hat | □ Eye protection/goggles | □ Gloves | □ Footwear/steel toes | | □ Hearing Protection | □ Respiratory protection | Type of Gloves | □ Ice cleats | | □ Face shield | Type of mask\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Other | | | | |

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| Completed by: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name and position Date | Name and position Date |
| Reviewed by: |  |  |
| Supervisor | Name and position Date | HSC / HS Rep Date |
|  |  |  |