Site Specific Hazard Assessment (SSHA)

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| --- | --- | --- |
| Date & Time  | Site / Task Location | Emergency Muster Area |
|  |  |  |
|  |  |  |
| **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) |

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| 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 |
| TrippingHousekeeping |  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.** |  |  |  |
|

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| --- | --- | --- | --- | --- |
| **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 |
|  |  |  |