**ISO 31000 HAZARD IDENTIFICATION**

Use this hazard identification template to identify hazards and their impact on any given project, as per the ISO 31000 risk management standard. This template helps you assess the likelihood that a hazard will occur; it also helps you assess the gravity of any hazard that you identify. At the end of this document, you will find space for the full name and signature of the hazard identification inspector.

Describe the nature of work

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Personal Protective Equipment

What kind of PPE do you require to protect employees against hazards? Is what you need available?

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| **X** | FULL FACE SHIELDS |  | RESPIRATORS |
|  | SAFETY GOGGLES |  | HIGH VISIBILITY VESTS |
|  | SAFETY BOOTS |  | FALL PROTECTION DEVICES (HARNESS AND LANYARDS) |
|  | WORK GLOVES |  | HARD HATS |
|  | EAR PLUGS OR EARMUFFS |  | OTHERS |
| Provide any relevant details below |
|  |

# HAZARD IDENTIFICATION

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| **NOISE** | **Checkmark with solid fill** | X | N/A |
| Does the work create higher noise levels? Consider the need for hearing protection in the work area. | **X** |  |  |
| Provide any relevant details below |
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| **MANUAL HANDLING** | **Checkmark with solid fill** | X | N/A |
| Do the work tasks include any Manual Handling Risks? |  | **X** |  |
| Provide any relevant details below |
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| **EXCAVATION** | **Checkmark with solid fill** | X | N/A |
| Does the work require employees to dig an excavation? Do you need to check for services prior to excavation? |  |  |  |
| Provide any relevant details below |
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| **WORKING AT HEIGHTS** | **Checkmark with solid fill** | X | N/A |
| Are any employees working at height during this task? Are they trained to perform the task? |  |  |  |
| Provide any relevant details below |
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| **SLIP AND TRIP HAZARDS** | **Checkmark with solid fill** | X | N/A |
| Are any slip/trip hazards present at the work site? Does any equipment present a trip hazard? |  |  |  |
| Provide any relevant details below |
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| **SITE SECURITY / EMERGENCY PREPAREDNESS** | **Checkmark with solid fill** | X | N/A |
| Prevent unauthorized access to the work site at all times. Make sure to conduct emergency planning on the site before beginning any work. |  |  |  |
| Provide any relevant details below |
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| **WORKING OUTDOORS** | **Checkmark with solid fill** | X | N/A |
| What are the ambient conditions / associated hazards? Consider precautions to prevent exposure to heat/cold. |  |  |  |
| Provide any relevant details below |
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| **TRAFFIC MANAGEMENT** | **Checkmark with solid fill** | X | N/A |
| How does construction traffic access and egress the workplace in a safe manner? |  |  |  |
| Provide any relevant details below |
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| **CUTS AND ABRASIONS** | **Checkmark with solid fill** | X | N/A |
| Is there a risk of cuts/abrasions? Apply control measures such as separating tasks and supplying adequate PPE. |  |  |  |
| Provide any relevant details below |
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| **HAZARDOUS SUBSTANCES** | **Checkmark with solid fill** | X | N/A |
| Does the work task involve contact with any Hazardous Substances? Refer to the MSDS and consider specialized PPE / precautions. |  |  |  |
| Provide any relevant details below |
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| **PLANT AND MACHINERY** | **Checkmark with solid fill** | X | N/A |
| Is the plant work area separate from other work areas? Is the operator ticketed/licensed to operate this type of equipment? |  |  |  |
| Provide any relevant details below |
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| **FALLING OBJECTS** | **Checkmark with solid fill** | X | N/A |
| Are there employees working above an area where others may pass? Are there employees working below others? |  |  |  |
| Provide any relevant details below |
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| **LIFTING** | **Checkmark with solid fill** | X | N/A |
| Does any work task involve crane lifts? Make sure to conduct a lift study before beginning any work. |  |  |  |
| Provide any relevant details below |
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| **FIRE / IGNITION SOURCES** | **Checkmark with solid fill** | X | N/A |
| Are employees conducting any hot work in the work area? Consider containment / testing requirements. |  |  |  |
| Provide any relevant details below |
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| **ENVIRONMENTAL IMPACTS** | **Checkmark with solid fill** | X | N/A |
| Is there the potential to release pollutants into drains / a marine environment / waterways / the ground / the atmosphere? Is there the potential for vibration / noise emission beyond the project’s perimeter? Does the work generate dust or require the disposal of hazardous waste? |  |  |  |
| Provide any relevant details below |
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| **DECONTAMINATION OF PLANT AND EQUIPMENT** | **Checkmark with solid fill** | X | N/A |
| Employees must decontaminate the plant, equipment, and PPE at the end of each day. Employees must decontaminate exposed equipment every time it leaves the asbestos area. |  |  |  |
| Provide any relevant details below |
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| **VIBRATION** | **Checkmark with solid fill** | X | N/A |
| Consider the need for vibration monitoring during the demolition process, especially when working near landmarked buildings. |  |  |  |
| Provide any relevant details below |
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| **HAZARDOUS SUBSTANCE STORAGE / SPILLS PREVENTION** | **Checkmark with solid fill** | X | N/A |
| Do any potential spill sources exist in the work area? Consider the need for bunds, drip trays, spill blankets, absorption, etc. |  |  |  |
| Provide any relevant details below |
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| **WASTE DISPOSAL** | **Checkmark with solid fill** | X | N/A |
| Does the work task create any wastes (e.g., asbestos) requiring special disposal? |  |  |  |
| Provide any relevant details below |
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| **CUSTOMER AND SURROUNDING PROPERTY** | **Checkmark with solid fill** | X | N/A |
| What is the potential risk to neighbors’ property? What is the potential damage to nearby customer property? |  |  |  |
| Provide any relevant details below |
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| **ASBESTOS** | **Checkmark with solid fill** | X | N/A |
| Are employees exposed to asbestos during this task? If unsure, check the Asbestos Register / Scope of Works for known sources. |  |  |  |
| Provide any relevant details below |
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| **NEARBY WORK** | **Checkmark with solid fill** | X | N/A |
| Is any unrelated work occurring within close proximity to the task in question? Does your work have any impact on other employees? |  |  |  |
| Provide any relevant details below |
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additional hazards

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| **Have you identified any other hazards?** | **Checkmark with solid fill** | X | N/A |
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| If so, please list below |
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Overall summary

Write observations here

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Overall

ASSESSMENT

|  |  |
| --- | --- |
| SAFE |  |
| AT RISK |  |

COMPLETION

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| --- | --- | --- |
| INSPECTOR’S FULL NAME | SIGNATURE | DATE |
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