
Location of work

Name of person completing form

Signature

Date

Scope of Work / Job Description

Check off all items from the checklist below that apply to the scope of work being performed. Items checked are to be discussed and explained with the crew prior to performing the work to ensure that the occupational health and safety requirements necessary to safely perform the work are understood.

HAZARD POTENTIALS

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Fall Potential | <input type="checkbox"/> Adequate Lighting | <input type="checkbox"/> Excavation | <input type="checkbox"/> Manual/Mechanical Lifting |
| <input type="checkbox"/> Pinch Points | <input type="checkbox"/> Access/Egress | <input type="checkbox"/> Flammable/Fire/Hot Work | <input type="checkbox"/> Heat Stress (hot/cold Environments/Surfaces) |
| <input type="checkbox"/> Electrical Shock | <input type="checkbox"/> Asbestos Containing Materials (ACM) | <input type="checkbox"/> Slip/Trip | <input type="checkbox"/> Materials |
| <input type="checkbox"/> Flying Particles | <input type="checkbox"/> Exposure to Energies (RF) | <input type="checkbox"/> Power Tools | Type _____ |
| <input type="checkbox"/> Thermal Burns | <input type="checkbox"/> Ladder Work | <input type="checkbox"/> Walking Surfaces | Other _____ |
| <input type="checkbox"/> Sharp Objects | <input type="checkbox"/> Noise | <input type="checkbox"/> Confined Space | Other _____ |
| <input type="checkbox"/> Rotating Machinery | <input type="checkbox"/> Chemical Burns | <input type="checkbox"/> Ergonomic Conditions | |

PERSONAL PROTECTIVE EQUIPMENT REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> Safety Footwear (Green Triangle) | <input type="checkbox"/> Fall Protection (Full Body Harness) |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Shock Absorbing Lanyard |
| <input type="checkbox"/> Safety Goggles | <input type="checkbox"/> Rope Grab System |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Clothing: Long Sleeves/Pants |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Eye Wash Bottle/Station |
| <input type="checkbox"/> Reflective Safety Vest | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Safety Cones | <input type="checkbox"/> Chemical Splash Rubber Apron |
| <input type="checkbox"/> Work Gloves | <input type="checkbox"/> Fire Rated Clothing |
| <input type="checkbox"/> Electrically Safe Rubber Gloves | <input type="checkbox"/> Respiratory Protection/Respirator Mask |
| <input type="checkbox"/> Lock & Tags (lock out/tag out) | <input type="checkbox"/> Arc Flash PPE/Face Shield |
| <input type="checkbox"/> Dust Mask | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rubber Gloves | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> WHMIS Product Requirements | |

HAZARDOUS WORK CONTROLS

- Lockout/Tag Out (Controlling Hazardous Energies)
- Confined Space
- Site Fall Protection Rescue Plan
- Hot Work Permit
- Sprinkler Impairment Form
- Other _____
- Other _____
- Other _____

EMERGENCY CONTACT INFORMATION

In the event of an operational safety concern, please report to a NAV CANADA Representative or in confidentiality email argus@navcanada.ca.

To ensure operational safety, please provide details on the steps to complete this job, the risks or hazards involved with those steps and how the steps are going to be performed to ensure safe operation of the ANS:

STEP	Describe Actions to complete this step	What are the risks or hazards to complete this step?	Actions taken to eliminate or control the risks or hazards
1			
2			
3			
4			

Additional Comments:

Team Members (please print)	Signatures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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COPIES 1. Retain a copy for your files 2. Provide a copy to NAV CANADA Representative

