

GENERAL HAZARD IDENTIFICATION AND RISK ASSESSMENT

Location:	
Risk Assessor (s):	Assessment Date:
Task / Process: General Maintenance / Property Management	

	Hazards: Potential Damaging Energies				
General Work Environment		Radiation		Chemical / Hazardous Substance	
Lighting	<input checked="" type="checkbox"/>	Ionizing radiation	<input type="checkbox"/>	Liquids	<input checked="" type="checkbox"/>
Ergonomics / Adequate Access	<input checked="" type="checkbox"/>	Non-ionizing Radiation /Microwave / RF /ELF	<input type="checkbox"/>	Fumes	<input type="checkbox"/>
Stairs & Work Platform	<input checked="" type="checkbox"/>			Gases	<input checked="" type="checkbox"/>
Working / Walking Surface / Changes in elevation	<input checked="" type="checkbox"/>	Non-Mechanical Hazards		Vapors / Mists	<input checked="" type="checkbox"/>
Air Conditioning / Ventilation	<input type="checkbox"/>	Chemical / Burns, Exposures, Toxic Hazards, Flammable, Explosion	<input checked="" type="checkbox"/>	Solids	<input type="checkbox"/>
Environmental		Respirable Dust, Mist, Vapors, Fume	<input checked="" type="checkbox"/>	Silica / Asbestos / Lead	<input checked="" type="checkbox"/>
Heat, Cold, Sun Burn, Rain, Wind	<input checked="" type="checkbox"/>	Vibration, Isolated / Whole body	<input type="checkbox"/>	Welding / Soldering/ Brazing	
Poisonous Plants	<input type="checkbox"/>	Noise Over 85 dBA – Frequent, Periodic, Occasional	<input checked="" type="checkbox"/>	Flash, UV, Smoke and fume collection when in a closed environment, ventilation,	<input type="checkbox"/>
Venomous animals, insects, spiders	<input checked="" type="checkbox"/>	Falling Objects	<input checked="" type="checkbox"/>	PPE	<input type="checkbox"/>
Health and Security		Falls from Elevations / fall protection / Floor openings, wall openings, work platforms	<input type="checkbox"/>	Eye, Face, Head, Respirators, Ear, Foot, Hand, Body	<input checked="" type="checkbox"/>
Break area/ Hand Wash & Bathroom	<input checked="" type="checkbox"/>	Falls / Trips / Slips / Stairs / Ramps/ Curbs	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Fresh, Pure, Water	<input checked="" type="checkbox"/>	Confined Work Spaces	<input type="checkbox"/>		<input type="checkbox"/>
Workplace Violence / Working Alone	<input checked="" type="checkbox"/>	Restricted work areas/ limited work space	<input checked="" type="checkbox"/>		<input type="checkbox"/>
		Operating Vehicles / golf carts / lawn equipment	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Mechanical Hazards		Climbing Ladders / Stairs / Ramps/ Hills	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Pinch points/ Caught In, Under or Between,	<input checked="" type="checkbox"/>	Lacerations / Punctures / Stickers, Thorns	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Automation / Automatic starts without warning	<input checked="" type="checkbox"/>	Crush, Entanglement,	<input type="checkbox"/>		<input type="checkbox"/>
Rotating Equipment, sheering, cutting entanglement,	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Impact or Crushing / Struck By	<input type="checkbox"/>				<input type="checkbox"/>
Protrusions which could cause injury	<input type="checkbox"/>	Manual Material Handling			<input type="checkbox"/>
Compressed air, hydraulics, Hose Connections	<input checked="" type="checkbox"/>	Strain / overexertion, push pull, carry, reach, lift, stoop, bend, twist, awkward positions, forceful exertions, static postures	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Cables, Cable Connections, Chains and Drive Mechanisms	<input type="checkbox"/>			Miscellaneous	

Automobile / Golf Carts/ Heavy construction Equipment	<input checked="" type="checkbox"/>	Biological			<input type="checkbox"/>
Energy		Microbiological / Molds	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Electrical/ Shock/ Burns/ Arc Flash	<input checked="" type="checkbox"/>	Animal tissue / Fluids	<input type="checkbox"/>		<input type="checkbox"/>
High Intensity Laser	<input type="checkbox"/>	Human Body Fluids/ Sewage Waste	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Fluids / Gases Under Pressure	<input checked="" type="checkbox"/>	Other Biological	<input type="checkbox"/>		
Kinetic / Potential	<input checked="" type="checkbox"/>		<input type="checkbox"/>		