

Job Location:
Company:
Contact: _____
Phone #: _____

Activity Hazard Assessment

(A.H.A.)

AHA's permit work for 1 work shift. Form must be completed BEFORE work is to begin and reviewed by Safety Officer, PM, or Superintendent.

Will weather affect your task?	If yes, how?	Date:	Time Start: _____
<u>ALL crew members must review task hazards and sign back of permit for acknowledgement of understanding.</u>			Time Finish: _____

Work Steps and Tasks <small>Describe the tasks / steps involved in the work – in order</small>	Hazards Identified for each Task / Step	Risk Level <small>1= LOW 5= HIGH</small>	Control / Safe Work Procedures for each Task / Step <small>Controls to be implemented (consider the hierarchy of hazard controls)</small>

CHECK ALL THAT APPLY									
<i>Required PPE:</i> Hard Hat _____ Safety Glasses _____ Safety Toed Boots _____ High Visibility Shirt/Vest _____ Gloves/Hand Protection _____ Other _____									
All tools inspected?	Aerial lifts needed?	Confined space entry?	Signage needed?	Lockout/Tagout needed?					
GFCI used with all cords?	Fall protection in place?	Excavation?	Electrical Hazards?	Rigging involved?					
Ladders in use? Inspected?	Hot work permit needed?	Utility vehicles equipment?	Overhead work?	Scaffolding needed?					

Additional Comments:

Authorized Signature:	Date:	Time:	Requester's Signature:	Date:
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All workers must sign this form before work is to begin. This form is to verify that the individual has reviewed the tasks, hazards, and recognition of how to perform these tasks in a safe manner. Please be sure to keep this list accurate as this list also informs as to how many workers are on site for emergency HEAD COUNT. If you leave please sign out and sign in again upon arrival back to the work site.

NAME	Company	Time in:	Time out:

