

# CONSTRUCTION RISK ASSESSMENT

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Trade / Scope of Work: \_\_\_\_\_

Project Name or Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

Assessment Completed By: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Date of Assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Description of Work Activity

Brief Description of Task or Work Activity:

\_\_\_\_\_  
\_\_\_\_\_

Duration of Work: \_\_\_\_\_

Number of Workers Involved: \_\_\_\_\_

Tools / Equipment Used: \_\_\_\_\_

## Persons at Risk

Check all that apply:

- Subcontractor Employees
- General Contractor Employees
- Other Subcontractors
- Visitors / Public
- Site Supervisors / Management



### Emergency Procedures

Nearest First Aid Station: \_\_\_\_\_

Trained First Aiders on Site: \_\_\_\_\_

Nearest Hospital / Medical Facility: \_\_\_\_\_

Site Emergency Contact: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

### PPE Requirements

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Hard Hat             | <input type="checkbox"/> Hearing Protection                  |
| <input type="checkbox"/> Safety Glasses       | <input type="checkbox"/> Respirator / Mask                   |
| <input type="checkbox"/> High-Visibility Vest | <input type="checkbox"/> Fall Protection (Harness / Lanyard) |
| <input type="checkbox"/> Steel-Toe Boots      | <input type="checkbox"/> Other (specify): _____              |
| <input type="checkbox"/> Gloves               |  |

### Subcontractor Declaration

I confirm that I have assessed the risks associated with the above-described work and have taken steps to eliminate or minimize these risks. I also confirm that employees under my supervision will be made aware of these risks and control measures prior to starting work.

Subcontractor Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

### General Contractor / Site Safety Review (if applicable)

Reviewed By (GC Representative): \_\_\_\_\_

Position / Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Comments / Additional Requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_