



Daily Hazard Assessment Form

The following form is to be used for Worksite Hazard Assessments. It can be obtained from forms.branscome.com. Contact your Regional Safety Specialist with any questions.

Date & Time: _____ Location: _____
 Job Number: _____ Job Description: _____
 Assessment Team: _____
 (Name/Position)

Reviewed by: _____

Utility Hazards				
	Utility	Hazard?		Description of Hazard/Control
Underground	Gas	Yes	No	
	Electric	Yes	No	
	Telephone	Yes	No	
	Television	Yes	No	
Above Ground	Temporary Installations	Yes	No	
	Power Cords	Yes	No	
	Transformers	Yes	No	
	Lines	Yes	No	

Emergency Service Availability			
Number	Service	Available?	
	Medical	Yes	No
	Fire	Yes	No
	Police	Yes	No
	Gas	Yes	No
	Electric	Yes	No
	Telephone	Yes	No

Hazards on Site			
Site	Hazard?		Description of Hazard/Control
Confined Space	Yes	No	
Traffic Conditions	Yes	No	
Speed Limits	Yes	No	
Detours Required	Yes	No	
Other Contractors	Yes	No	
Flag People Required	Yes	No	
Dust Control	Yes	No	
Visibility of Personnel	Yes	No	
Lighting	Yes	No	
Access and Egress	Yes	No	
Movement of Equipment	Yes	No	
Material Handling	Yes	No	
Material Stockpiling	Yes	No	
Fire Extinguishers	Yes	No	
Environmental Concerns	Yes	No	
First Aid Station	Yes	No	
Bathroom Facilities	Yes	No	
Storage Facilities	Yes	No	
Violence/Worker Safety	Yes	No	
Working Alone	Yes	No	
Emergency Response	Yes	No	
Additional Hazards			
Add hazards not fully covered above. Prioritize all hazards by severity and timing.			

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