

HAZARD/ASPECT & RISK ASSESSMENT SASKPOWER HARA

REGARDLESS OF THE PRIORITY LEVEL GIVEN TO THIS WORK, WORKING SAFELY IS THE TOP PRIORITY. ALWAYS FOLLOW THE SAFETY ABSOLUTES.		
EMERGENCY RESPONSE PLAN		
Emergency #:	Nearest Medical Assistance (details with location):	
Muster Point:		
Communication Plan: (Check-In Plan, Coverage, Mobile Device, Radio, Sat Phone, Working Alone)		
First Aid Location:	Fire Extinguisher Location:	AED Location:
WORK		
Date:	Name:	Employee Number:
Site/Location Contact Information:		
Description of Work:		
DRIVING (THINGS TO CONSIDER - CELL COVERAGE FOR ENTIRE TRIP, EMERGENCY ROADSIDE KIT, FIRST AID KIT, MOBILE DEVICE /CHARGER, ROADSIDE ASSISTANT, SUFFICIENT FUEL, WINTER SURVIVAL KIT)		
Destination & Route		Return Trip & Route (same day)
To:		To:
From:		From:
Route:		Route:
Departure Time:		Departure Time:
Expected Arrival Time:		Expected Arrival Time:
Vehicle Description: (make, model, color and plate number):		
Name and Contact Information of Check-In Person: Communicated to Check-In Person <input type="checkbox"/>		
Name and Contact Information of Supervisor:		
PERMITS/APPROVALS/AGREEMENTS (CONTROL OF HAZARDOUS ENERGY, LOCK OUT TAG OUT, ACCESS AGREEMENTS, ETC.)		
NOTES		

