## 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 Exting		guisher Location:	AED Location:					
WORK								
Date:	Name:		Employee Number:					
Site/Location Contact Information:								
Description of Work:								
		GE FOR ENTIRE TRIP, EMERGENC NT, SUFFICIENT FUEL, WINTER S						
Destination & Route		Return Trip & Route (same day)						
То:		То:						
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 Communicated to Check-In Pers		n:						
Name and Contact Information	of Supervisor:							
PERMITS/APPROVALS/AGREEN	TENTS (CONTROL (	OF HAZARDOUS ENERGY, LOCK OUT	TAG OUT, ACCESS AGREEMENTS, ETC.)					
NOTES								



## HAZARD/ASPECT & RISK ASSESSMENT SASKPOWER HARA

JOB PLANNING								
Job Steps	Hazards/Aspects		ontrols	Risk Rating w/Controls				
A DOCUMENTED DISCUSSION WITH SUPERVISOR IS MANDATORY IF THE RISK RATING FOR ANY JOB STEP IS RED. WORK MUST NOT PROCEED UNTIL CONTROLS HAVE BEEN PUT INTO PLACE TO REDUCE THE RISK RATING.								
I have discussed with my supervisor,, and have resolved with the following:								
IF JOB CONDITIONS CHANGE, REASSESS PRIOR TO PROCEEDING. CHANGES TO CONSIDER: WEATHER, PERSON IN CHARGE, SEQUENCE OF TASKS, NEW PEOPLE ON SITE, NEW HAZARDS/ASPECTS, etc. DOES EVERYONE KNOW ABOUT THE CHANGE AND ITS EFFECT ON THEM?								
SIGNATURE(S)								
Employees Print Name		ne	Signature	Changes MM DD HH:MM	Changes MM DD HH:MM			
Person Completi HARA	ng							
Other Employee								

