

Risk Assessment

Project Identification

Company Name *

Contractor License #

Insurance Company

Assessment Number

Assessment Date

Next Review Date

Project Details

Project Name *

Project Address *

City, State, ZIP *

Project Type

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Demolition | |

Project Duration

Project Value

Site Description

Assessment Team

Lead Assessor *

Phone Number

Email Address

Project Manager

Site Supervisor

Safety Officer

Other Participants

Site Hazard Identification

Physical Hazards

- Working at Heights (Roofs, scaffolding, ladders)
 Excavation/Trenching Operations
 Overhead Power Lines
 Underground Utilities
 Confined Spaces
 Uneven/Unstable ground
 Adjacent Structures
 Water Hazards
 Other:

Environmental Conditions

- Extreme Temperatures
 High Winds
 Rain/Snow/Ice
 Poor Visibility
 Noise Levels
 Dust/Air Quality
 Other:

Equipment & Materials

- Heavy Machinery Operation
 Power Tools
 Electrical Equipment
 Hazardous Materials
 Lifting Operations
 Vehicle Traffic
 Other:

Risk Evaluation Matrix

Legend:

Probability: Low (unlikely), Medium (possible), High (likely)

Severity: Low (minor injury), Medium (serious injury), High (fatality/catastrophic)

Risk Level: Low-Low=Minimal, Med-Med=Moderate, High-High=Critical

Risk Description	Probability (L/M/H)	Severity (L/M/H)	Risk Level	Control Measures	Responsible

Safety Control Measures

PPE Requirements

- Hard Hats Safety Glasses Steel-toed High-vis Vests
 Gloves Hearing Protection Boots Fall Respirators
 Other: Protection

Site Controls

- Barricades/ Warning Signs Flaggers Safety Nets First
 Fencing Guardrails Lockout/Tagout Fire Extinguishers Aid Stations
 Other:

Required Training

Required Permits

Subcontractor Acknowledgment

Subcontractor Company	Trade	Representative Name	Briefing Date

Action Items & Follow-up

Action Required	Priority (H/M/L)	Assigned To	Due Date	Completed
				<input type="checkbox"/>

Approval & Authorization

This risk assessment has been reviewed and approved. All identified hazards have been addressed or will be managed according to the control measures specified above.

Prepared By (Print)

Reviewed By (Print)

Project Manager Approval (Print)

Signature

Signature

Signature

Signature

Signature

Signature

Date

Date

Date

Important: This assessment must be reviewed and updated when project conditions change. For 24/7 safety support and emergency response coordination, contact [Company Safety Line].

Revision History