

<b>HAZARD IDENTIFICATION</b>	
<b>1. PHYSICAL HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold Stress (Outside work temp <0°C) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heat Stress (Inside / outside >25°C) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Noise (Louder than conversational speech) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slip / Trip / Fall (Wet, steep, poor housekeeping) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Enclosed Space (Roll-off bins, B25 boxes) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Confined Space (Storage tank, underground tanks, limited entry) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxygen Deficient (<19.5%) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxygen Enriched (>23%) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hydrogen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ergonomics (Repetitive motion, vibration, position for extended time) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manual Lifting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compressed Gases / Cylinders (Welding cylinders, propane tanks)	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressurized Systems (Other than air) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vacuum System <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compressed Air <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Explosives <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vibration / Shock Sensitive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mechanical / Moving Parts (Operating equipment) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sharp Edges / Corners <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inclement Weather <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Working On or Near Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moving Equipment / Vehicles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insufficient Lighting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____ _____
<b>2. SAFETY / CONSTRUCTION HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Demolition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drum Handling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Elevated Work (>1.2 m above ground) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous Energy (Electrical / hydraulic / pneumatic / steam / etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Concealed / Underground Hazards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excavation / Trenching	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hoisting / Rigging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead Hazards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Welding / Cutting / Burning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drilling / Penetration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____ _____
<b>3. UTILITY HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing (Water supply) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead Utility Lines <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Septic / Sewer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Concealed / Underground Utilities _____ _____ _____

<b>4. CHEMICAL HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lead <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Man-Made Fibers (fiberglass) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flammable (Flash point, <37°C) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Combustible (Flash point, 60-93°C) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mercury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heavy Metals (Pb, Cd, Ni, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic (H <sub>2</sub> S) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incompatible Chemicals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Polychlorinated biphenyls (PCBs) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inorganics (chlorides, fluorides, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Volatile Organics (benzene, methylene chloride, TCE) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidizers (methyl ethyl ketone peroxide, sodium nitrate, hydrogen peroxide)	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrosive (pH<2, pH>12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carcinogen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mutagen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reproductive Toxin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pyrophoric (white phosphorus, lithium hydride) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____ _____ Route of Exposure <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Absorption
<b>5. IONIZING RADIOLOGICAL HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> External Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Internal Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fissionable Material	Route of Exposure <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Absorption
<b>6. NON-IONIZING RADIOLOGICAL HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High Voltage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiofrequency (RF) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laser	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microwave <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ultraviolet (Excluding sunlight) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ultraviolet (Sunlight)
<b>7. BIOLOGICAL / VECTOR HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bacterial / Fungi <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plants (Allergens, poison ivy, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Waste <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parasites	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rodents <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, Spiders, Snakes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Wildlife _____ _____

<b>8. HAZARDOUS WASTE (Does area contain labeled waste?)</b> <b>Waste Codes (if known. If not known, complete identified characteristics below.)</b>	
<input type="checkbox"/> No Labeled Drums Present	
<b>METALS</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arsenic (D004) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Barium (D005) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cadmium (D006) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chromium (D007) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lead (D008) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mercury (D009) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Selenium (D010) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Silver (D011) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____ _____	<b>VOLATILES</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Benzene (D018) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2-Butanone (MEK) (F005) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1,4 Dichlorobenzene (D027) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ethylbenzene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tetrachloroethylene (D039 or F002) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toluene (F005) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1,1,1-Trichloroethane (F002) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trichloroethylene (D040) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Xylene (F003)
<b>WASTE CHARACTERISTICS</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrosive (D002) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exothermic Reaction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ignitable (D001) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reactive (D003) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic	<b>OTHER</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PCBs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Debris <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hydrocarbon Impacted Waste <input type="checkbox"/> <100 ppm <input type="checkbox"/> Unknown <input type="checkbox"/> >100 ppm
<b>WASTE CATEGORY</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bio-Hazard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mixed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiological <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous Characteristics (pH ≤4, ≥10) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sanitary Industrial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PCBs	<b>TRANSPORTATION (If moving waste)</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> On-Site <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Over Public Roads (must comply with transportation regulations)

<b>9. ENVIRONMENTAL</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Emissions (>10 tonnes/year) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Liquid Discharge (Above effluent limits) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Petroleum Storage (>600 liters)	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clearing or Excavation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>HAZARD CONTROLS</b> (To be completed by ES&H during pre-planning meetings)	
<b>10. PROTECTIVE CLOTHING</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Anti-Contamination Clothing <input type="checkbox"/> <input type="checkbox"/> Aprons <input type="checkbox"/> <input type="checkbox"/> Company Work Clothing <input type="checkbox"/> <input type="checkbox"/> Disposable (Tyvek®) Suits	R N <input type="checkbox"/> <input type="checkbox"/> Disposable Suit (Saranex®) <input type="checkbox"/> <input type="checkbox"/> Chemical Resistant Gear <input type="checkbox"/> <input type="checkbox"/> Heat / Flame Resistant Clothing <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>11. HAND PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Chemical Gloves <input type="checkbox"/> <input type="checkbox"/> Leather Work Gloves <input type="checkbox"/> <input type="checkbox"/> Kevlar® (Cut Resistant) Gloves <input type="checkbox"/> <input type="checkbox"/> Mesh Gloves	R N <input type="checkbox"/> <input type="checkbox"/> Standard Work Gloves <input type="checkbox"/> <input type="checkbox"/> Heat / Flame Resistant Gloves <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>12. EYE / FACE PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Safety Glasses with Side Shields <input type="checkbox"/> <input type="checkbox"/> Impact Resistant Goggles <input type="checkbox"/> <input type="checkbox"/> Chemical Goggles <input type="checkbox"/> <input type="checkbox"/> Shaded Lens for UV (Welding) or Laser	R N <input type="checkbox"/> <input type="checkbox"/> Face Shield <input type="checkbox"/> <input type="checkbox"/> Welding Helmet <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>13. RESPIRATORY PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Half-Face Respirator <input type="checkbox"/> <input type="checkbox"/> Full-Face Respirator - Air Purifying Respirator (APR), Powered APR (PAPR) <input type="checkbox"/> <input type="checkbox"/> Respirator Cartridge / Canister _____ _____	R N <input type="checkbox"/> <input type="checkbox"/> Supplied Air <input type="checkbox"/> <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) <input type="checkbox"/> <input type="checkbox"/> Special Ventilation (NAM)

<b>14. FOOT PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Safety-Toed Shoes or Boots <input type="checkbox"/> <input type="checkbox"/> Slip-Resistant Soles <input type="checkbox"/> <input type="checkbox"/> Chemical Resistant Boots	R N <input type="checkbox"/> <input type="checkbox"/> Liquid Impermeable Footwear or Covers <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>15. HEAD PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Hard Hat <input type="checkbox"/> <input type="checkbox"/> Welding Helmet <input type="checkbox"/> <input type="checkbox"/> Other _____ _____	R N <input type="checkbox"/> <input type="checkbox"/> Hoods <input type="checkbox"/> Tyvek® <input type="checkbox"/> Other _____ <input type="checkbox"/> Anti-Contamination Shroud
<b>16. HEARING PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Ear Plugs <input type="checkbox"/> <input type="checkbox"/> Ear Muffs	R N <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>17. TEMPERATURE EXTREME PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Cold Wear Gear <input type="checkbox"/> <input type="checkbox"/> Special Instructions for Work / Rest	R N <input type="checkbox"/> <input type="checkbox"/> Drinking Water <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>18. ELECTRICAL PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Identification of Concealed / Underground Conductors <input type="checkbox"/> <input type="checkbox"/> Energy Isolation (Lockout / Tagout, LOTO) <input type="checkbox"/> <input type="checkbox"/> Insulated (Rated) Rubber, Fiberglass, or Plastic Electrical PPE <input type="checkbox"/> <input type="checkbox"/> Line Clearance Minimum Distances	R N <input type="checkbox"/> <input type="checkbox"/> Ground Fault Circuit Interrupter (GFCI), Residual Current Device (RCD) Protection <input type="checkbox"/> <input type="checkbox"/> Equipment/System Grounding <input type="checkbox"/> <input type="checkbox"/> Insulated Tools <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>19. FIRE / EXPLOSION PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Non-Sparking Tools <input type="checkbox"/> <input type="checkbox"/> A- (P), B- (L), C- (E), D- (M) Rated Fire Extinguisher <input type="checkbox"/> <input type="checkbox"/> Grounding / Bonding for Dispensing Flammable Liquids	R N <input type="checkbox"/> <input type="checkbox"/> Fire Watch <input type="checkbox"/> <input type="checkbox"/> Special Notification <input type="checkbox"/> <input type="checkbox"/> Other _____ _____

<b>20. FALL / ARREST PROTECTION</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Safety Harness (Required for all arrest) <input type="checkbox"/> <input type="checkbox"/> Safety Belt (Positioning / Restraint only) <input type="checkbox"/> <input type="checkbox"/> Lanyard <input type="checkbox"/> <input type="checkbox"/> Lifeline	R N <input type="checkbox"/> <input type="checkbox"/> Tie-Off Point <input type="checkbox"/> <input type="checkbox"/> Guard Rail <input type="checkbox"/> <input type="checkbox"/> Boundary Warning <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>21. SPECIAL RESCUE / RETRIEVAL EQUIPMENT</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Personal Flotation Devices <input type="checkbox"/> <input type="checkbox"/> Rescue Line / Harness <input type="checkbox"/> <input type="checkbox"/> Life Rings with Rope	R N <input type="checkbox"/> <input type="checkbox"/> Rescue Tripod <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>22. MONITORING</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Industrial Hygiene Monitoring <input type="checkbox"/> <input type="checkbox"/> Toxic (H <sub>2</sub> S) <input type="checkbox"/> <input type="checkbox"/> Heat Stress Monitor <input type="checkbox"/> <input type="checkbox"/> Chemical Monitor (Colorimetric) <input type="checkbox"/> <input type="checkbox"/> Noise <input type="checkbox"/> <input type="checkbox"/> Volatile Organic Compounds (VOCs) <input type="checkbox"/> <input type="checkbox"/> Explosive (Lower Explosive Limit)	R N <input type="checkbox"/> <input type="checkbox"/> Oxygen <input type="checkbox"/> <input type="checkbox"/> Combustible Gas <input type="checkbox"/> <input type="checkbox"/> Radiological Exposure / Contamination <input checked="" type="checkbox"/> <input type="checkbox"/> Thermoluminescent Dosimeter (TLD) <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>23. ENVIRONMENTAL MONITORING</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Air Emission Monitoring <input type="checkbox"/> <input type="checkbox"/> Liquid Emission Monitoring <input type="checkbox"/> <input type="checkbox"/> Spill Control Kits <input type="checkbox"/> <input type="checkbox"/> Waste Drum Inspections	R N <input type="checkbox"/> <input type="checkbox"/> Waste storage Area Inspections <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>24. PERMITS</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> <input type="checkbox"/> Excavation / Penetration <input type="checkbox"/> <input type="checkbox"/> Lockout / Tagout (LOTO) <input type="checkbox"/> <input type="checkbox"/> Fall Protection	R N <input checked="" type="checkbox"/> <input type="checkbox"/> Radiation Work Permit (RWP) <input type="checkbox"/> <input type="checkbox"/> Welding / Burning / Hotwork <input type="checkbox"/> <input type="checkbox"/> Other _____ _____

<b>25. SPECIAL PLANS OR PROCEDURES OR GUIDELINES (other than existing procedures)</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Carcinogen Control <input type="checkbox"/> <input type="checkbox"/> Asbestos Work Authorization <input type="checkbox"/> <input type="checkbox"/> Chemical Hygiene Plan <input type="checkbox"/> <input type="checkbox"/> Exposure Control Plan (For handling bloodborne pathogens, medical waste) <input checked="" type="checkbox"/> <input type="checkbox"/> Emergency Action Plan	R N <input type="checkbox"/> <input type="checkbox"/> Hearing Conservation Control <input type="checkbox"/> <input type="checkbox"/> Industrial Hygiene Work Permit / Respiratory Protection <input type="checkbox"/> <input type="checkbox"/> Heat Stress <input type="checkbox"/> <input type="checkbox"/> Hoisting and Rigging Lift <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>26. OTHER MISCELLANEOUS</b>	
R N <input type="checkbox"/> <input type="checkbox"/> Shoring / Sloping Protection for Excavations	R N <input checked="" type="checkbox"/> <input type="checkbox"/> Barricades / Access Control
<b>27. WALKDOWN CONDUCTED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>28. COMMENTS</b> _____ _____ _____ _____ _____	

If a hazard applies, a check is marked in the “**K**”nown box. If a hazard is suspected or may be present, a check is marked in the “**S**”uspect box. If a hazard does not apply, a check is marked in the “**N**”ot present box.

If a hazard control applies, a check is marked in the “**R**”equired box. If a hazard control is not required, a check is marked in the “**N**”ot present box.

This planning process elevates the scope of work to a task-specific hazard review. The work group members and those implementing the work then sign the AHR form.