

Hazard Identification Checklist

Workplace Hazards				
Gravity <ul style="list-style-type: none"> <input type="checkbox"/> Elevated work areas (ladders, scaffolds, roofs, platforms) <input type="checkbox"/> Falling materials or objects <input type="checkbox"/> Holes/openings in floors <input type="checkbox"/> Overhead cranes <input type="checkbox"/> Stairs <input type="checkbox"/> Trip/slip hazards <input type="checkbox"/> Other _____ 	Work Environment <ul style="list-style-type: none"> <input type="checkbox"/> Deep liquids <input type="checkbox"/> Drinking-water contaminants <input type="checkbox"/> Food-borne contaminants <input type="checkbox"/> Heat or cold, humidity <input type="checkbox"/> Noise <input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Powders or flowing solids <input type="checkbox"/> Water / Floods <input type="checkbox"/> Other _____ 	Temperature, etc <ul style="list-style-type: none"> <input type="checkbox"/> Cryogenic liquids <input type="checkbox"/> Elevated temperatures <input type="checkbox"/> Hot liquids or steam <input type="checkbox"/> Hot surfaces or flames <input type="checkbox"/> Low temperatures <input type="checkbox"/> Other _____ 	People <ul style="list-style-type: none"> <input type="checkbox"/> Impaired performance from drugs or alcohol <input type="checkbox"/> Violent or abusive people <input type="checkbox"/> Workplace smoking <input type="checkbox"/> Other _____ 	Other Workplace Hazards <ul style="list-style-type: none"> <input type="checkbox"/> Adjacent facilities <input type="checkbox"/> Pressurised plant: air, gas or hydraulics <input type="checkbox"/> Severe weather, e.g. wind, snow, rain, etc <input type="checkbox"/> Vacuum plant <input type="checkbox"/> Other _____
Work Activity Hazards				
Fire/Explosion/Reaction <ul style="list-style-type: none"> <input type="checkbox"/> Arson <input type="checkbox"/> Chemical reaction <input type="checkbox"/> Combustible dust <input type="checkbox"/> Flammable gas/vapour <input type="checkbox"/> Flammable liquid <input type="checkbox"/> Hot work, flame or spark <input type="checkbox"/> Lightning <input type="checkbox"/> Reactive chemical <input type="checkbox"/> Other _____ 	Work Equipment <ul style="list-style-type: none"> <input type="checkbox"/> Breakages and releases (sparks, chips, fume) <input type="checkbox"/> Failure or collapse of equipment, racking <input type="checkbox"/> Moving parts <input type="checkbox"/> Overturning <input type="checkbox"/> Sharp edges/points <input type="checkbox"/> Stored energy <input type="checkbox"/> Vibration <input type="checkbox"/> Other _____ 	Ergonomics <ul style="list-style-type: none"> <input type="checkbox"/> Lighting levels, glare and contrast <input type="checkbox"/> Manual handling <input type="checkbox"/> Repetitive movement <input type="checkbox"/> Static or awkward posture <input type="checkbox"/> Other _____ 	Electricity <ul style="list-style-type: none"> <input type="checkbox"/> Defective connections <input type="checkbox"/> Exposed conductors <input type="checkbox"/> High voltages <input type="checkbox"/> Overloaded circuits <input type="checkbox"/> Static electricity <input type="checkbox"/> Other _____ 	Transport <ul style="list-style-type: none"> <input type="checkbox"/> Delivery vehicles <input type="checkbox"/> Lift trucks, pallet trucks <input type="checkbox"/> On-site vehicles Other Work Activity Hazards <ul style="list-style-type: none"> <input type="checkbox"/> Animals: bites, kicks, stings <input type="checkbox"/> Occupational travel <input type="checkbox"/> Psychological stressors <input type="checkbox"/> Other _____
Hazardous Agents				
Chemical/Sensitising Agents <ul style="list-style-type: none"> <input type="checkbox"/> Animal dander <input type="checkbox"/> Final products <input type="checkbox"/> Gases, vapours and fumes <input type="checkbox"/> Incompatible chemicals <input type="checkbox"/> Laboratory chemicals <input type="checkbox"/> Latex gloves <input type="checkbox"/> Maintenance/housekeeping chemicals <input type="checkbox"/> Raw materials <input type="checkbox"/> Other _____ 	Radiation <ul style="list-style-type: none"> <input type="checkbox"/> Electrical and magnetic fields <input type="checkbox"/> Intense visible light <input type="checkbox"/> Ionising radiation <input type="checkbox"/> Lasers <input type="checkbox"/> Microwaves or radio frequency radiation <input type="checkbox"/> Ultraviolet or infra-red radiations <input type="checkbox"/> Other _____ 	Biological Agents <ul style="list-style-type: none"> <input type="checkbox"/> Genetically modified organisms <input type="checkbox"/> Legionella <input type="checkbox"/> Pathogens <input type="checkbox"/> Zoonoses <input type="checkbox"/> Other _____ 	Other Hazardous Agents <ul style="list-style-type: none"> <input type="checkbox"/> Building materials (e.g. asbestos, PCBs) <input type="checkbox"/> Other _____ 	