



DAILY SAFETY ASSESSMENT

Team Leader:	Today's Date:
Location:	
Weather: <input type="checkbox"/> Clear/Sunny <input type="checkbox"/> Hot <input type="checkbox"/> Windy <input type="checkbox"/> Rainy <input type="checkbox"/> Partial Cloudy/Overcast <input type="checkbox"/> Snow <input type="checkbox"/> Other:	
Muster Point:	
First Aid Responders:	

Safety Moment: Print & initial confirming you have reviewed the Safety Moment and Hazards for the day

Print Name	Initial	Print Name	Initial

Site Inspection: AM

Potential Hazard <i>For all "P1"s, Record the Potential Hazard/Risk and Corrective Measures.</i>	P1 - HIGH ALERT!	P2 - Caution	P3 - Safe
WORKING ALONE; (record name & until what time)			
GREEN WORKERS; (record name)			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
Record Potential Hazard/Risk	Record Correctives Measures (Engineering/Administrative/PPE)		
1.			
2.			
3.			
4.			
5.			
Completed By:			



SITE INSPECTION: PM (to be completed for afternoon shifts if applicable)

Potential Hazard <i>For all "P1"s, Record the Potential Hazard/Risk and Corrective Measures.</i>	P1 - HIGH ALERT!	P2 - Caution	P3 - Safe
WORKING ALONE; (record name & until what time)			
GREEN WORKERS; (record name)			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
Record Potential Hazard/Risk		Record Correctives Measures (Engineering/Administrative/PPE)	
1.			
2.			
3.			
4.			
5.			
Completed By:			

REPORTABLE INJURIES:

Near Miss Reporting		Accident Reporting	
Injury Reporting		Damages	
Notes:			

EQUIPMENT TAGGED OUT:

Notes:			

CLOSING NOTES:
