

Supervisor to complete by checking yes, no, or N/A for each question.

If “yes” to any of the conditions below is checked, identify the specific hazard and the method that will be used to eliminate/control it on the back of this form.

1.	Special PPE requirements?	Yes	No	N/A
2.	Tripping hazards or access problems?	Yes	No	N/A
3.	Is the lighting adequate?	Yes	No	N/A
4.	Are there electrical/powerline hazards?	Yes	No	N/A
5.	Is the noise level excessive?	Yes	No	N/A
6.	Is fire protection available?	Yes	No	N/A
7.	Are there industrial hygiene hazards?	Yes	No	N/A
8.	Are confined spaces involved?	Yes	No	N/A
9.	Is lock out/tag out involved?	Yes	No	N/A
10.	Operating equipment hazards?	Yes	No	N/A
11.	Material handling hazards?	Yes	No	N/A
12.	Loading/off loading of trucks?	Yes	No	N/A
13.	Obstruction/projection hazards?	Yes	No	N/A

Print Name

Signature of Supervisor or Crew Leader

Date

Exhibit 14A