

# Workplace Safety Assessment Form (Construction Site)

Date:

Site Location:

Supervisor/Assessor Name:

Project Name/ID:

Hazard Area	Hazard Identified (describe briefly)	Risk Level (Low/Med/High)	Control Measures in Place	Further Action Required	Responsible Person & Due Date
1. Access & Egress	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2. Work at Height	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3. Lifting & Moving Materials	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
4. Equipment & Machinery	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
5. Hazardous Substances	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
6. Power Sources (Electrical/Mechanical)	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
7. Other (specify)	<input type="text"/>	Low <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

## General Comments / Additional Hazards:

Assessor's Signature:  Date:

**Note:** This assessment form should be reviewed regularly and updated as necessary. All identified hazards and actions must be communicated to relevant site personnel.