



**Village of Anmore PRE-CONTRACT HAZARD ASSESSMENT FORM**

**VILLAGE CONTRACT ADMINISTRATOR TO COMPLETE THIS SECTION**

Village Contract Administrator:	
Contract / Project (name & number):	
Date of Pre-Start Meeting:	Hours of Operation: _____ - _____ am/pm
Multiple Contractors on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prime Contractor Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Contractor (Prime):	
Prime Contractor Workplace Safety Coordinator Name:	
Project Start Date:	Length of Project:
Project Location:	
Notice of Project Required (WCB Regulation 20.2) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Description of Work: _____ _____ _____	
Identify All Known Pre-Existing Hazards: (such as electrical, confined space, fall protection, Asbestos, Chlorine) _____ _____ _____	
<input type="checkbox"/> Work to be completed has a low level of risk and no pre-existing hazards.	

**CONTRACTOR TO COMPLETE THIS SECTION**

<p><b>The Contractor Must:</b></p> <ul style="list-style-type: none"> <li>• Communicate hazards to anyone who may be affected</li> <li>• Understand that in any conflict of directions, the Workers Compensation Act and OH&amp;S Regulations shall prevail</li> <li>• Ensure that all workers are trained and competent to perform the duties for which they have been assigned</li> </ul>
<p>Action Required to Eliminate or Control Hazards:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">If more space is required please use back of form</p>

Contractor Representative (Prime): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Assessment Performed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

