



## ● Hazard Identification Checklist ●

<b>Task/equipment being assessed:</b>
<b>Name of person/s completing assessment:</b>
<b>Date:</b>

Could anyone be injured from:	Yes	No
• falling items (eg. freight falling from stacking methods, out of shelving, or off trucks or forklifts)?		
• mobile plant (eg. forklifts or other vehicles colliding, striking pedestrians, rollovers)?		
• becoming entangled in moving parts of machinery, tools or equipment (eg. body parts, hair, clothing, neckties, jewelry)?		
• being burned from contact with hot items (eg. exhausts, hydraulic fluids)?		
• contact with electricity?		
• fire or explosion (eg. storage of dangerous goods)?		
• slipping or tripping (eg. slippery surfaces on truck decks, oil spills on floors, equipment and dunnage left on floors)?		
• falling from a height (eg. from the back of truck decks, accessing truck cabins, off loading docks, from ladders)?		
• ergonomic factors (eg. poor seating, repetitive movement, postures maintained for long periods, poor lighting)?		
• exposure to hazardous substances (eg. chemicals, fumes, dust, radiation, contaminated atmospheres from gases)?		
• exposure to noise or vibration?		
• psychological hazards (eg. stress, workplace violence, bullying)?		
• human factors (eg. errors, unsafe work practices or actions)?		
• working alone or in isolation (eg. delivering goods to unattended locations)?		
Other causes:		
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