

Your Name: _____
 Client Name: _____ Date: _____

SECTION 1: WORKER HAZARD REPORT

| Type | Hazard Areas (Rating) | Required Control(s) |
|------|-----------------------|---------------------|
|------|-----------------------|---------------------|

| | | |
|--|---|--|
| Musculo-skeletal Disorders <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Client handling – lifts, transfers, repositioning (2A) <input type="checkbox"/> Client care – toileting, bathing, feeding, dressing (2A) <input type="checkbox"/> Making the bed, cleaning, laundry (2C) <input type="checkbox"/> Lifting objects (2B) <input type="checkbox"/> Repetitive work – grasping, pushing, cranking (3B) <input type="checkbox"/> Lack of proper equipment | <input type="checkbox"/> Follow safe lifting protocols and CARE principles <input type="checkbox"/> Use equipment <input type="checkbox"/> Ask client to help (if able) <input type="checkbox"/> Position yourself close to client/bed (avoid reaching) <input type="checkbox"/> Place folded towel under knees when kneeling <input type="checkbox"/> Stretch between tasks <input type="checkbox"/> Use <i>power grip</i> when pulling sheets <input type="checkbox"/> Tell the supervisor if you cannot walk around three sides of bed <input type="checkbox"/> Carry smaller loads <input type="checkbox"/> Bend knees to reach lower objects <input type="checkbox"/> Other: _____ _____ |
|--|---|--|

| | | |
|---|---|---|
| Slip, Trips & Falls <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Footwear (1C) <input type="checkbox"/> Walking surfaces (3C) <input type="checkbox"/> Spills (water/soap) (2A) <input type="checkbox"/> Messy work area (2A) <input type="checkbox"/> Tripping hazards (2B) | <input type="checkbox"/> Clean spills quickly <input type="checkbox"/> Wear non-slip footwear at all times <input type="checkbox"/> Use handrails on stairs <input type="checkbox"/> Tidy work area (remove garbage, clear hallways) <input type="checkbox"/> Other: _____ _____ |
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|---|--|--|
| Driving <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Driving skills <input type="checkbox"/> Preparing for the drive <input type="checkbox"/> Car breakdowns (2C) <input type="checkbox"/> Fatigue (1A) <input type="checkbox"/> Poor weather/road conditions (2A) <input type="checkbox"/> Physical discomfort <input type="checkbox"/> Road rage <input type="checkbox"/> Cell phone usage (1B) | <input type="checkbox"/> Valid driver's license <input type="checkbox"/> Follow Alberta Traffic Act <input type="checkbox"/> Do not drive with clients <input type="checkbox"/> Be well rested <input type="checkbox"/> Stay calm <input type="checkbox"/> Get regular maintenance on vehicle <input type="checkbox"/> Do not use cell phone while driving <input type="checkbox"/> Other: _____ _____ |
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|--|--|--|
| Workplace Violence <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Client violence/aggression (2C) <input type="checkbox"/> Travel in community (1A) <input type="checkbox"/> Parking vehicle <input type="checkbox"/> Pets/animals (1B) <input type="checkbox"/> Client conflict (2B) <input type="checkbox"/> Weapons in home (1A) <input type="checkbox"/> Alcohol/drug abuse in home (2C) <input type="checkbox"/> Public areas/strangers | <input type="checkbox"/> Speak clearly and do not raise voice <input type="checkbox"/> Get help when needed <input type="checkbox"/> Observe surroundings <input type="checkbox"/> Use well travelled roads <input type="checkbox"/> Leave home and report to office <input type="checkbox"/> Pets are locked up <input type="checkbox"/> Park in well lit areas <input type="checkbox"/> Contact 9-1-1 <input type="checkbox"/> Other: _____ _____ |
|--|--|--|

| | | |
|---|---|--|
| Infectious Diseases <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Blood and body fluid exposure (sharps, splashes, spills) (1A) <input type="checkbox"/> Respiratory disease exposure <input type="checkbox"/> Food handling/food safety <input type="checkbox"/> Laundry hazards <input type="checkbox"/> Cleaning hazards | <input type="checkbox"/> Wear PPE <input type="checkbox"/> Follow handwashing procedure <input type="checkbox"/> Stay home when sick <input type="checkbox"/> Follow sharps disposal policy <input type="checkbox"/> Other: _____ _____ |
|---|---|--|

SEVERITY: 1. Imminent Danger 2. Serious 3. Minor 4. Okay 5. Not Applicable
PROBABILITY: A. Probable B. Reasonably Probable C. Possible D. Remote

| Type | Hazard Areas | Required Control(s) |
|--|---|---|
| Working Alone <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> No other workers present (1A) <input type="checkbox"/> Client unable to respond to worker emergency (1A) <input type="checkbox"/> Client lives alone | <input type="checkbox"/> Have access to phone <input type="checkbox"/> Emergency plan in place <input type="checkbox"/> Other: _____ |
| Personal <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Sleepiness <input type="checkbox"/> Stress (3A) <input type="checkbox"/> Client requests (1A) | <input type="checkbox"/> Do not do additional tasks that put you at risk <input type="checkbox"/> Come to work well rested <input type="checkbox"/> Take breaks <input type="checkbox"/> Talk to a Supervisor <input type="checkbox"/> Other: _____ |
| Fire and Emergencies <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Smoking (2A) <input type="checkbox"/> Flammable items <input type="checkbox"/> Electrical sparks (2A) <input type="checkbox"/> Carbon monoxide exposure (1A) <input type="checkbox"/> Kitchen fires (2C) <input type="checkbox"/> Client/worker injury or emergency <input type="checkbox"/> Oxygen in use | <input type="checkbox"/> Know PASS <input type="checkbox"/> No smoking in client homes <input type="checkbox"/> Remove flammable items <input type="checkbox"/> Follow MSDS <input type="checkbox"/> Use first aid or CPR as trained <input type="checkbox"/> Follow emergency plan and get to safe area <input type="checkbox"/> Call 9-1-1 <input type="checkbox"/> Other: _____ |
| Chemicals <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Cleaning chemicals <input type="checkbox"/> Drugs <input type="checkbox"/> Exhaust fumes <input type="checkbox"/> Pesticides | <input type="checkbox"/> Read MSDS <input type="checkbox"/> Do not mix chemicals or cleaners <input type="checkbox"/> Run vehicle in well ventilated area <input type="checkbox"/> Dispose of drug packages and containers safely <input type="checkbox"/> Other: _____ |
| Home Hazards <input type="checkbox"/> Severity <input type="checkbox"/> Probability | <input type="checkbox"/> Kitchen knives (2C) <input type="checkbox"/> Electrical appliances <input type="checkbox"/> Burns (2B) <input type="checkbox"/> Step ladder/stool (2C) <input type="checkbox"/> Bed bugs/rodents | <input type="checkbox"/> Keep away from hot things <input type="checkbox"/> Look at wires and cords & report dangers <input type="checkbox"/> Do stand on stools, ladders or chairs <input type="checkbox"/> Other: _____ |
| Other: _____ <input type="checkbox"/> Severity <input type="checkbox"/> Probability | _____ _____ _____ | |

SECTION 2: SUPERVISOR FOLLOW-UP

Corrective Action was communicated to worker? Yes Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Worker Signature: _____

SEVERITY: 1. Imminent Danger 2. Serious 3. Minor 4. Okay 5. Not Applicable
PROBABILITY: A. Probable B. Reasonably Probable C. Possible D. Remote