

**MAPP** has identified a risk ranking for potential workplace hazards by referring to the categories in the matrix below.

Step 1: The assessor(s) identifies the consequence for each potential risk by using the table below. Note: If a combination of harm, loss or damage could occur the worst case consequence is selected.

Level	Description of Consequence
High (1) (High level of harm)	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.
Medium (2) (Medium level of harm)	Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.
Low (3) (Low level of harm)	Incident that has the potential to cause person to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.

Step 2: Using the following table, the assessor(s) determines how likely it is that the risk will occur and result in the consequence identified above.

Level	Likelihood/Probability
Likely	Could happen frequently
Moderate	Could happen occasionally
Unlikely	May occur only in exceptional circumstances.

Step 3: Using the risk matrix below, the assessor(s) identifies the risk ranking pre and post control methods.

Consequence	Likelihood/Probability		
	Likely	Moderate	Unlikely
High (1)	1	1	2
Medium (2)	1	2	3
Low (3)	2	3	3

Ranking	Description / Requirements
High	Will require detailed pre-work planning. Actions plan must be approved by MAPP, Client, and Subcontractor managers.
Medium	Will require operational planning. Actions will be recorded on a Task Safety Analysis and approved by the project team.
Low	Will require localised control measures Actions will be recorded on a Task Safety Analysis

Project Details:			
Project Number:		Project Name:	
Contractor Name:		Date Prepared:	
Plan Details:			
Work Task:		Trade(s) Involved:	
Task Steps:			
Equipment Necessary to Complete Work:		Tools Required for Work: (Hand/Power/Ladders/ Scaffold, Etc.)	
Materials To Be Used: (Including Chemicals)		Applicable Policies/ Codes/Standards: (MAPP, OSHA, ANSI, ASTM, NFPA, Etc.)	
Certifications, Qualifications, And Skills Required To Complete The Work		Training Required to Complete Work	
<b>Minimum Basic PPE:</b> <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Sturdy Leather Work Boots <input type="checkbox"/> Long Pants, Shirt with min. 4" sleeve <input type="checkbox"/> Leather Work Gloves <input type="checkbox"/> Hi-Viz Vest/Shirt	<b>Other: (list)</b>      	<b>Quality Procedures:</b>	

## Pre Work Assessment

Work Task: \_\_\_\_\_

Item	Key Hazard(s) Associated With The Above Work Task	Risk Ranking (H/M/L)	Position/Job Title Of Affected Person(s)	Control(s) <i>Control Hierarchy: 1. Eliminate 2. Engineer 3. Administrative/Training 4. PPE</i>	Residual Risk After Control(s)

<b>Other Comments:</b>		
<b>Targets:</b>		
<b>Safety:</b>	<b>Quality:</b>	<b>Production:</b>



## Pre Work Assessment

Pre Work Assessment Team:			
Contractor Task Foreman Signature:		MAPP Superintendent Signature:	
Contractor Project Manager Signature:		MAPP Project Manager Signature:	
Other:		Other:	

By signing below, I testify that I have reviewed and collectively discussed the information established in this Pre Work Assessment and agree to perform all work in accordance with its direction unless during the course of the task work instructions change or I find that it would be unsafe to do so.

Date Reviewed: \_\_\_\_\_

Review of PWA with Task Crew:			
Name: (print)	Signature:	Name: (print)	Signature:
Nombre del Empleado (Imprima)	Firma	Nombre del Empleado (Imprima)	Firma
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	