

# HAZARD CHECKLIST

## Hazard Identification Guideline Checklist:

- To be completed by the Scouter in Charge (ideally in discussion with the other section scouters) applying to go Camping or an Adventure Activity.

## Directions:

- Check off each box that is a likely hazard—identify potential outcomes of the hazard (i.e., impacts and consequences)—develop risk mitigation procedures (remove, reduce or accept) and document key the risk management strategies in the ERP—communicate to parents and youth.

| NATURAL ENVIRONMENT  | TRANSPORTATION  |
|--|---|
| <input type="checkbox"/> Weather Conditions<br><input type="checkbox"/> Fire Hazards / Ban<br><input type="checkbox"/> Heat / Cold Exposure<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Ground Conditions<br><input type="checkbox"/> Water (Rivers, Flooding)<br><input type="checkbox"/> Tornado / High Winds | <input type="checkbox"/> Driving Conditions<br><input type="checkbox"/> Boats / Canoes / Trailer<br><input type="checkbox"/> Bus / Coach (Seatbelts?)<br><input type="checkbox"/> Location specific?<br><input type="checkbox"/> Bikes (Helmets?)   |
| PHYSICAL   | BIOLOGICAL  |
| <input type="checkbox"/> Electricity (Cords, Wiring, Plugs)<br><input type="checkbox"/> Heights (Ladders, Trees)<br><input type="checkbox"/> Hot / Cold Surfaces (BBQ, Fires)<br><input type="checkbox"/> Tripping Hazards (Cords, Tree roots, Ropes)<br><input type="checkbox"/> Hitting / Banging / Contact Hazards            | <input type="checkbox"/> Large Wildlife (Bears, Cougars, etc.)<br><input type="checkbox"/> Insects / Spiders<br><input type="checkbox"/> Bird / Mouse Droppings<br><input type="checkbox"/> Mold / Fungi / Bacteria / Viruses<br><input type="checkbox"/> Poisonous plants<br><input type="checkbox"/> Illness/Sickness<br><input type="checkbox"/> Food preparation<br><input type="checkbox"/> Pandemic |
| CHEMICAL   | ACTIVITY  |
| <input type="checkbox"/> Gardening Chemicals<br><input type="checkbox"/> Household Chemicals / Poisons<br><input type="checkbox"/> Household Medicine<br><input type="checkbox"/> Propane / Fuel / Oils<br><input type="checkbox"/> Toxic Fumes  | <input type="checkbox"/> Climbing (Vertical)<br><input type="checkbox"/> Paddling (Water)<br><input type="checkbox"/> Swimming (Drowning)<br><input type="checkbox"/> High ropes (Vertical)<br><input type="checkbox"/> Camping<br><input type="checkbox"/> Hiking  |

# SAFETY AUDIT

## Key Intervention & Observation Reminders:

- Comply, Intervene, Respect.
- Go with purpose and focus.
- ABBI: Above Below Behind Inside
- Head to Toe Check
- Get the 'Blood on the Floor' and use your 'Minds Eye'.
- Look for safe and unsafe behaviours.
- Use all 5 senses: look, feel, smell, hear, taste.
- 'Go See' = 80% observation and 20% intervention
- All accidents & injuries can be prevented.
- As a supervisor/adult **you** are responsible for the safety of your youth/members.
- The lowest level of leadership you demonstrate is the highest level you can expect of your staff.

**Be hard on the process—Be soft on the people.**

| PEOPLE RESPONSES (10 SECS)   | TOOLS & EQUIPMENT  |
|--|--|
| <input type="checkbox"/> Stop or pause on job<br><input type="checkbox"/> Correcting PPE<br><input type="checkbox"/> Change of position<br><input type="checkbox"/> Rearrange job / Tools<br><input type="checkbox"/> Attach grounds<br><input type="checkbox"/> Moving safety guards<br><input type="checkbox"/> In a confined space  | <input type="checkbox"/> Right for the job<br><input type="checkbox"/> Are they using correctly<br><input type="checkbox"/> Stored correctly<br><input type="checkbox"/> Clean<br><input type="checkbox"/> Labelled<br><input type="checkbox"/> SOP / WHMIS in place<br><input type="checkbox"/> Safe condition                      |
| ERGONOMICS   | PPE (HEAD TO TOE CHECK)  |
| <input type="checkbox"/> Lifting / Lowering<br><input type="checkbox"/> Pushing / Pulling<br><input type="checkbox"/> Overextension<br><input type="checkbox"/> Electricity contacts<br><input type="checkbox"/> Hazardous substances<br><input type="checkbox"/> Awkward positions<br><input type="checkbox"/> Height risk<br><input type="checkbox"/> Temperature exposure | <input type="checkbox"/> Head<br><input type="checkbox"/> Eyes & Face<br><input type="checkbox"/> Ears<br><input type="checkbox"/> Respiratory (Breathing)<br><input type="checkbox"/> Trunk / Body<br><input type="checkbox"/> Arms and Hands<br><input type="checkbox"/> Legs and Feet<br><input type="checkbox"/> Fall protection |
| STANDARD OPS PROCEDURES  | HOUSEKEEPING   |
| <input type="checkbox"/> Visible / Present<br><input type="checkbox"/> Adequate / Up to date<br><input type="checkbox"/> Known / Discussed<br><input type="checkbox"/> Barriers / Flagging<br><input type="checkbox"/> Checked by supervisor<br><input type="checkbox"/> Measured<br><input type="checkbox"/> Safety & Gemba Walks   | <input type="checkbox"/> Clean & Tidy<br><input type="checkbox"/> Storage adequate<br><input type="checkbox"/> Doors unblocked<br><input type="checkbox"/> Visual measures<br><input type="checkbox"/> Labelling system<br><input type="checkbox"/> Extinguishers clear<br><input type="checkbox"/> Exits marked                     |

