



**Calgary, Alberta**  
 #113, 3825-34 Street NE  
 T1Y 6Z8  
 Phone: (403) 301-0260  
 Fax: (403)291-0854

**Edmonton**  
 #200-8749 53<sup>th</sup>Ave  
 T6E 5E9  
 Phone: 780-454-9800  
 Fax: 780-454-1490

## JOB SITE EVALUATION FORM

A Helping Hand is committed to a health and safety management system aimed at protecting our employees, our property, other workers, and the general public from accidental losses.

It is a policy of A Helping Hand that our employees are not to perform tasks they are not trained to perform.

If your job site should change, then we require that another job site evaluation be completed. (General Labour)

If your company is unable to train or orientate our employees, then we require that you send us the required information so we can provide suitable training and orientation in specific tasks and safety before we send AHH employees out.

<b>Customer Name :</b>		<b>Contact Person :</b>	
<b>Job Site Address :</b>		<b>Phone :</b>	
		<b>Fax :</b>	
<b>Job Description : Please state tasks required by AHH employees</b>			
<b>PPE REQUIRED FOR A HELPING HAND EMPLOYEE ON THIS JOB</b>			
			<b>Comments</b>
Safety Glasses / Goggles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety Shoes / Boots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dust Masks / Respirators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety Vests	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hearing Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Gloves ( Labour / Health care )	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hard Hats	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Special PPE (please note)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is fall protection equipment used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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PLEASE ANSWER THE FOLLOWING QUESTIONS			
			Comments
Will you provide task specific training required by an AHH employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you relay potential hazards pertaining to your workplace / site to AHH employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are AHH employees exposed to hazardous materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you supervise AHH employees to ensure they are wearing the appropriate PPE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will AHH employees be advised of your current safety program? (Please comment if you do not have a safety program)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is First Aid services available to AHH employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you advise AHH if an AHH employee receives First Aid treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you provide orientation to AHH employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will you advise AHH if there are any incidents or near misses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety Person or Supervisor Contact Name and ext :			

- Ø We require that your company provide us with the documentation to train and orientate our employees of the necessary information pertaining to your company before we send AHH employees to work. **(if you are unable to do so)**
- Ø Please fax or mail us a copy of Tool Box Meetings / Training provided / Hazard Assessments on duties performed by AHH employees.

Our goal is to have a healthy, accident-free workplace for all of our employees. By working together, we can achieve this goal.

A Helping Hand Representative	Site Supervisors Signature	Management Approval
Date	Date	Date