CALGARY SAFETY CONSULTANTS

Control Selection Worksheet

Hierarchy of Controls | One hazard per worksheet

1 JOB DETAILS

Company / site	Task or job	JHA or reference no.	Location / work area	Completed by	Date

2 THE HAZARD

Hazard statement: what could go wrong, for whom, during which task (be specific)	Who is exposed, how often and for how long

Energy source: ☐ Gravity ☐ Motion ☐ Mechanical ☐ Electrical ☐ Pressure ☐ Temperature ☐ Radiation ☐ Sound ☐ Chemical ☐ Biological ☐ Ergonomic ☐ Psychosocial

3 INITIAL RISK: RATE IT BEFORE CHOOSING ANY CONTROLS

Likelihood (1-5)	Severity (1-5)	Risk score (L x S)

Band: ☐ Low 1-4 ☐ Moderate 5-9 ☐ High 10-16 ☐ Extreme 17-25

4 WORK DOWN THE HIERARCHY, STARTING AT THE TOP

Level	Options considered	Governing test?	Selected?	Why, or why not (record your reasoning)
1 Elimination Remove the hazard or the task		☐ Yes ☐ No	☐	
2 Substitution Less hazardous product, process, tool or size		☐ Yes ☐ No	☐	
3 Engineering Guards, ventilation, barriers, enclosures, aids		☐ Yes ☐ No	☐	
4 Administrative Procedures, permits, training, scheduling		☐ Yes ☐ No	☐	
5 PPE Selected, fitted, trained, maintained		☐ Yes ☐ No	☐	

Tip: answer every level, even when the answer is no. Consider higher-order controls first and record the governing legal test, the basis for the controls selected and any further assessment. Training and PPE support higher-order controls.

CALGARY SAFETY CONSULTANTS

Control Selection Worksheet

Residual risk, verification and sign-off

5 NEW HAZARDS CREATED BY THE CONTROLS

Do any selected controls create a new hazard? ☐ Yes ☐ No

If yes, describe the new hazard and how it's controlled (for example, a substitute's SDS hazards, a pinch point, heat stress)

6 RESIDUAL RISK, WITH THE CONTROLS IN PLACE

Likelihood (1-5)	Severity (1-5)	Risk score (L x S)

☐ Low ☐ Moderate ☐ High ☐ Extreme

Is the residual risk acceptable under the approved criteria and governing requirements? ☐ Yes ☐ **No: go back to section 4**

7 REVIEW THE CONTROLS WHEN

- ☐ work, equipment, materials or people change
- ☐ there's an incident or near miss
- ☐ an inspection or monitoring finds a problem
- ☐ the scheduled review date arrives: _____

5 X 5 RISK MATRIX (L X S)

Likelihood \ Severity	1 Minor	2 Moderate	3 Serious	4 Major	5 Catastrophic
5 Almost certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

- Low 1-4: maintain controls and monitor
- Moderate 5-9: improve where practicable
- High 10-16: more controls before work begins
- Extreme 17-25: do not proceed

8 PUT THE CONTROLS IN PLACE AND VERIFY THEM

Control	Person responsible	Target date	How it's verified (inspection, monitoring, observation, maintenance)	How often	In place
					☐
					☐
					☐
					☐
					☐
					☐

9 SIGN-OFF

Completed by	Name and signature	Date	**Supervisor**	Name and signature	Date
Worker or JHSC representative	Name and signature	Date	**Manager approval**	Name and signature	Date