

HVAC RISK ASSESSMENT TEMPLATE

Project Information

Project Name:	
Location:	
Date:	
Assessment Conducted By:	
Review Date:	

Job Description

- Scope of Work:

- Installation
- Maintenance
- Repair
- Inspection
- Other: _____

- System Type:

- Heating
- Ventilation
- Air Conditioning
- Combined

- Equipment Used: _____

- Materials Used: _____

Hazard Identification

For each task, identify potential hazards (e.g., electrical, chemical, physical, ergonomic, biological).

Task: _____

Hazard: _____

Potential Harm: _____

Task: _____

Hazard: _____

Potential Harm: _____

Risk Analysis

For each identified hazard, evaluate the likelihood and severity to determine the level of risk.

- Likelihood:

- Very Unlikely
- Unlikely
- Possible
- Likely
- Very Likely

- Severity:

- Minor
- Moderate
- Major
- Catastrophic

- Risk Level: (Calculate based on your criteria, e.g., Likelihood x Severity)

Hazard: _____

Likelihood: _____

Severity: _____

Risk Level: _____

Hazard: _____

Likelihood: _____

Severity: _____

Risk Level: _____

Control Measures

For each risk identified, propose measures to eliminate or reduce the hazard.

Hazard: _____

Control Measures: _____

Implementation Date: _____

Responsible Person: _____

Hazard: _____

Control Measures: _____

Implementation Date: _____

Responsible Person: _____

Training and Communication

Training Requirements: _____

- Safety Protocols
- Equipment Use
- Hazardous Materials Handling
- Emergency Procedures

Communication Plan: _____

- Team Briefings
- Safety Signage
- Incident Reporting Procedures

Monitoring and Review

Monitoring Plan

How will the effectiveness of control measures be monitored?

Who will be responsible for monitoring?

Review Plan

When will the risk assessment be reviewed?

Who will conduct the review?

Emergency Procedures

- First Aid:
 - Location of first aid kits:
 - Designated first aiders:
- Evacuation Plan:
 - Assembly points:
 - Evacuation routes:
- Incident Reporting:
 - Procedure for reporting accidents and near-misses:
 - Responsible person for incident reports:

Sign Off

Assessment Conducted By	
Name:	
Signature:	
Date:	

Approval	
Name:	
Signature:	
Position:	
Date:	