This template can be used as part of the process for managing the risk of head injuries in the workplace. See [Safety headgear: Assessing and controlling risk of head injury](https://www.worksafebc.com/en/resources/health-safety/books-guides/safety-headgear-assessing-controlling-risk-head-injury) for information about using this template.

You can use this template to help you identify the risks in your workplace and to record the steps you will take to control those risks. The template is fillable, so you can record your information directly into the document. You can also print the document and enter the information by hand. If you run out of room, copy and paste additional blank entry boxes into the Word document, or print or photocopy additional blank pages.

You are not required to use this template, but you may find it to be a useful tool to document your risk management steps and to help show your due diligence in doing everything reasonably practical to maintain a safe workplace.

The following completed entry is provided as a sample:

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| Worksite location of hazard  Elevated walkway between buildings 1 and 2 | |
| What is the task or activity? Be specific.  Workers at start and end of shift carrying tools and materials across walkway that could fall onto other workers below | |
| Can the hazard be eliminated or substituted? Describe.  No | |
| What engineering controls are already in place or can be added? Describe.  Install safety nets below elevated walkway to catch falling materials | |
| What administrative controls are already in place or can be added? Describe.  Use spotters at start and end of shift to keep workers away from area underneath walkway | |
| Will elimination, substitution, engineering, and/or administrative controls be enough to eliminate the risk or minimize it to the lowest level practicable?  Yes  No  If the answer is No, safety headgear is required for this work task and location. | Action completion date  Completion means the control measures are in place and operational.  2022-04-14 |

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| Worksite location of hazard | | Date |
| What is the task or activity? Be specific. | | |
| Can the hazard be eliminated or substituted? Describe. | | |
| What engineering controls are already in place or can be added? Describe. | | |
| What administrative controls are already in place or can be added? Describe. | | |
| Will elimination, substitution, engineering, and/or administrative controls be enough to eliminate the risk or minimize it to the lowest level practicable?  Yes  No  If the answer is No, safety headgear is required for this work task and location. | Action completion date  Completion means the control measures are in place and operational. | |

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