

YES NO N/A

5 ENVIRONMENTAL HAZARDS

- 1) Is the work area clean on arrival?
- 2) Is there a risk of dust or fumes?
- 3) Is there a risk posed by noise?
- 4) Is there an extreme heat/cold issue?
- 5) Is there a potential for a spill?
- 6) Is there mobile equipment nearby?
- 7) Is there public in the area?
- 8) Has the SDS been reviewed?
- 9) Is there a risk posed by compressed gas?
- 10) Is there a risk posed by flammables?
- 11) Violence and Harrassment Policy reviewed?

6 ERGONOMIC HAZARDS

- 12) Is awkward body positioning required?
- 13) Is prolonged bending required?
- 14) Will the body be in the "Line of Fire"?
- 15) Is heavy lifting required?
- 16) Does the job require repetitive motion?

7 ELECTRICAL HAZARDS

- 17) Is there underground cables/lines?
- 18) Are electrical cords in good condition?
- 19) Is Lockout/Tagout Required?
- 20) Are there overhead power lines?
- 21) Are electrical tools in good condition?

8 PERSONAL LIMITATIONS / HAZARDS

- 22) Is there a procedure for this task?
- 23) Instructions clearly understood?
- 24) Are the workers trained in this task?
- 25) Are there new workers present?
- 26) Is this the 1st time performing this task?

TYPES OF HAZARDS

ACCESS

Congested area, Uneven ground, Confined space, Overhead obstruction, Objects on walkway, Unsecured decking

CAUGHT IN / STRUCK BY

Sharp objects, Pinch points, Hot/Cold surfaces, Open holes, Overhead work, Falling objects, Struck by objects, Fire/Sparks, Line of fire

ENVIRONMENT

Noise, Dust, Weather, Heat, Wind, Work processes, Lead, Asbestos, Arsenic, Silica, H2S, Hot/Cold surfaces, Heat loss, Cold, Wind chill, Lightning, Hostile or irate public

ERGONOMIC

Body positioning, Improper or Static body positioning, No rest breaks, Excessive force, Repetition, Duration, Over-reaching, Overhead lifting

FALLS

Lower level, Same level, Slippery surfaces, Floor openings, Unprotected perimeter Climbing, Corrosion of walk surface, Stairs, Walkways

HAZARDOUS MATERIALS

Burns, Exposure, Inhalation, Splashing, Fumes, Spills, Airborne particles, Trapped substances, Lead, Asbestos, Arsenic, Silica, H2S

STORED ENERGY

Gravity, Motion, Mechanical, Electrical, Pressure, Temperature, Chemical, Biological, Radiation, Sound

TOOL / EQUIPMENT DANGERS

Airborne particles, Fumes, UV flashes, Sharp edges, Line of fire, Wrong tool for the job, Rotating parts, Vibration, Missing guards, By-passing safety equipment

RISK RATING

	1	2	3
Severity	First Aid Minor Damage	Lost Time Injury Moderate Damage	Fatal Major Damage
Probability	Unlikely	Probable	Likely
Frequency of Exposure	Rarely < 1/month	Often 3 times / week	Every Day



DATE:
 TIME:

FIELD LEVEL HAZARD ASSESSMENT

1 WORKER

Name: _____
 Field _____
 Supervisor: _____
 Your Tasks: _____

 Location: _____

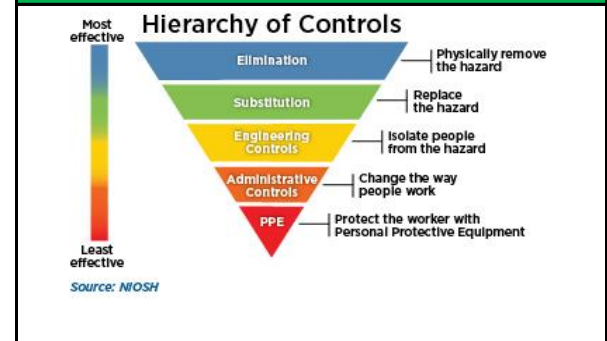
2 WEATHER

Sunny Snowing Windy _____ kph
 Cloudy Raining Overcast
 Temperature _____ ° C

3 EMERGENCY PREPAREDNESS

MUSTER POINT: _____
 EMERGENCY PHONE NUMBER: _____
 NEAREST EYEWASH/FIRST AID: _____
 ONE CALL PERMIT #: _____

4 HAZARD CONTROLS



9 LIST YOUR TASKS / STEPS

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

10 LIST THE HAZARDS FOR EACH STEP

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

11 CONTROLS USED TO REDUCE HAZARD RISK

1) _____

 S=
 P=
 F=
 R=

2) _____

 S=
 P=
 F=
 R=

3) _____

 S=
 P=
 F=
 R=

4) _____

 S=
 P=
 F=
 R=

5) _____

 S=
 P=
 F=
 R=

6) _____

 S=
 P=
 F=
 R=

12 CREW SIGNATURES JOB COMPLETION REVIEW

Crew Signature(s)		Supervisor/Lead Hand Signature		JOB COMPLETION REVIEW	
_____	<small>1st Aid Trained</small> Y N	_____	<small>1st Aid Trained</small> Y N	YES	NO
_____	Y N	_____	Y N	<input type="checkbox"/>	<input type="checkbox"/> Work area left clean?
_____	Y N	_____	Y N	<input type="checkbox"/>	<input type="checkbox"/> Were you or anyone hurt today?
_____	Y N	_____	Y N	<input type="checkbox"/>	<input type="checkbox"/> Are there any hazards remaining?