

YES NO N/A

5 ENVIRONMENTAL HAZARDS				
1)	Is the work area clean on arrival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Is there a risk of dust or fumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Is there a risk posed by noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Is there an extreme heat/cold issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Is there a potential for a spill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Is there mobile equipment nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Is there public in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Has the SDS been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Is there a risk posed by compressed gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Is there a risk posed by flammables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Violence and Harassment Policy reviewed and understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 ERGONOMIC HAZARDS				
12)	Is awkward body positioning required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	Is prolonged bending required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Will the body be in the "Line of Fire"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Is heavy lifting required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Does this job require repetitive motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 ELECTRICAL HAZARDS				
17)	Is there underground cables/lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Are electrical cords in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Is Lockout/Tagout Required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Are there overhead power lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	Are electrical tools in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 PERSONAL LIMITATIONS / HAZARDS				
22)	Is there a procedure for this task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	Instructions clearly understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Are the workers trained in this task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	Are there new workers present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	Is this the 1st time performing this task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, Tension

TOOL / EQUIPMENT DANGERS
 Airborne particles, Fumes, UV flashes, Sharp edges, Line of fire, Wrong tool for the job, Rotating parts, Vibration, Missing guards, Bypassing 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: _____

FIELD LEVEL HAZARD ASSESSMENT

1 WORKER

Name: _____

Foreman: _____

Your Tasks: _____

Location: _____

2 WEATHER

Sunny Snowing Windy _____ kph

Cloudy Raining Overcast

Temperature _____ ° C

3 EMERGENCY PREPAREDNESS

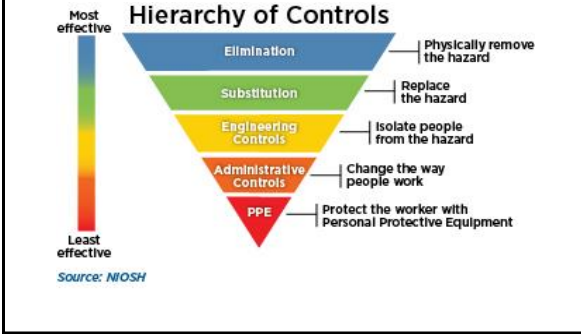
MUSTER POINT: _____

EMERGENCY PHONE NUMBER: _____

NEAREST EYEWASH/FIRST AID: _____

ONE CALL PERMIT # _____

4 HAZARD CONTROLS



9 LIST YOUR TASKS / STEPS	10 LIST THE HAZARDS FOR EACH STEP	11 CONTROLS USED TO REDUCE HAZARD	RISK
1) _____ _____	1) _____ _____	1) _____ _____	S= P= F= R=
2) _____ _____	2) _____ _____	2) _____ _____	S= P= F= R=
3) _____ _____	3) _____ _____	3) _____ _____	S= P= F= R=
4) _____ _____	4) _____ _____	4) _____ _____	S= P= F= R=
5) _____ _____	5) _____ _____	5) _____ _____	S= P= F= R=
6) _____ _____	6) _____ _____	6) _____ _____	S= P= F= R=

12 CREW SIGNATURES			JOB COMPLETION REVIEW		
<div style="text-align: right; font-size: small; color: red;">1st Aid Trained</div> _____ Y N	_____	<div style="text-align: right; font-size: small; color: red;">1st Aid Trained</div> _____ Y N	YES	NO	<div style="text-align: right; font-size: x-small;">FLHA v.43642</div> <input type="checkbox"/> <input type="checkbox"/> Work area left clean?
_____ Y N	_____	_____ Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Were you or anyone hurt today?
_____ Y N	_____	_____ Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Are there any hazards remaining?