



FIELD LEVEL HAZARD ASSESSMENT

Check off the hazards that apply to this job. List the items in the hazards column, indicate the priority ranking and identify the plans to eliminate or control on the other side of this form.

Environmental Hazards	Access / Egress Hazards	Rigging & Hoisting Hazards
1. Work area clean <input type="checkbox"/> 2. Material storage identified <input type="checkbox"/> 3. Dust / Mist / Fumes <input type="checkbox"/> 4. Noise in area <input type="checkbox"/> 5. Extreme temperatures <input type="checkbox"/> 6. Spill potential <input type="checkbox"/> 7. Waste properly managed <input type="checkbox"/> 8. Excavation permit required <input type="checkbox"/> 9. Other workers in area <input type="checkbox"/> 10. Weather conditions <input type="checkbox"/> 11. MSDS reviewed <input type="checkbox"/>	21. Aerial lift/Man basket (inspected & tagged) <input type="checkbox"/> 22. Scaffold (inspected & tagged) <input type="checkbox"/> 23. Ladders (tied off) <input type="checkbox"/> 24. Slips / Trips <input type="checkbox"/> 25. Hoisting (tools, equipment) <input type="checkbox"/> 26. Evacuation (alarms, routes, ph. #) <input type="checkbox"/> 27. Confined / Restricted space entry permit required <input type="checkbox"/>	35. Lift study required <input type="checkbox"/> 36. Proper tools used <input type="checkbox"/> 37. Tools / Sling inspected <input type="checkbox"/> 38. Equipment inspected <input type="checkbox"/> 39. Others working overhead / below <input type="checkbox"/> 40. Critical lift permit <input type="checkbox"/>
	Overhead Hazards	Electrical Hazards
Ergonomic Hazards 14. Awkward Body Position <input type="checkbox"/> 15. Over extension <input type="checkbox"/> 16. Prolonged Twisting / Repetitive/ Bending Motion <input type="checkbox"/> 17. Working in a tight area <input type="checkbox"/> 18. Lift too heavy / Awkward to lift <input type="checkbox"/> 19. Hands not in line of sight <input type="checkbox"/> 20. Working above your head <input type="checkbox"/>	28. Barricades & signs in place <input type="checkbox"/> 29. Hole coverings identified <input type="checkbox"/> 30. Harness / Lanyard inspected <input type="checkbox"/> 31. 100% Tie-off with harness and anchor points identified <input type="checkbox"/> 32. Falling objects <input type="checkbox"/> 33. Power lines <input type="checkbox"/> 34. Hoisting or moving loads overhead <input type="checkbox"/>	41. GFI test <input type="checkbox"/> 42. Lighting levels too low <input type="checkbox"/> 43. Working on / near energized equipment <input type="checkbox"/> 44. Electrical cords / tools condition <input type="checkbox"/> 45. Fire extinguisher <input type="checkbox"/> 46. Hot work or electrical permit required <input type="checkbox"/>
		Personal Limitations / Hazards
Severity 1. Imminent Danger - causing deaths, widespread occupational illness, loss of facilities 2. Serious - severe injury / illness, property and / or equipment damage 3. Minor - non-serious injury, illness, or damage 4. Not Applicable N/A		47. Procedure not available for task <input type="checkbox"/> 48. Confusing instructions <input type="checkbox"/> 49. No training for task or tools to be used <input type="checkbox"/> 50. First time performing the task <input type="checkbox"/>
		Probability
		A. Probable - likely to occur immediately or soon B. Reasonably Probable - likely to occur eventually C. Remote - could occur at some point D. Extremely Remote - unlikely to occur

Severity + Probability = Priority (E.g. Worker at heights without Fall Protection – IA)

It is important that all hazards are identified and controlled. Confirm that all permits are valid.

Remember: “Stop & Think” & “See It Again for The First Time”



FIELD LEVEL HAZARD ASSESSMENT

Company Name: _____

Work to be done: _____

Date: _____

Task location: _____

Muster Point: _____

Permit Job #: _____

PPE Inspected: Yes No Items Inspected: _____

Identify and Prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards.

TASKS	HAZARDS	Priority	PLANS TO ELIMINATE/CONTROL

Has a pre-use inspection of tools/equipment been completed? Yes No Warning ribbon needed? Yes No

Is the worker working alone? Yes No If Yes, explain: _____

Job Completion

Are all Permit(s) closed out? Yes No Are there Hazards remaining? Yes No (If Yes, explain) _____

Was the area cleaned up at end of job / shift? Yes No

Were there any incidents / injuries? Yes No If Yes, explain: _____

Please print and sign below (All members of the crew) prior to commencing work, and initial when task is completed or at the end of the shift.

Worker's Name (Print)	Signature	Initial	Worker's Name (Print)	Signature	Initial

Foreperson's Name and Signature (Sign upon reviewing completed card): _____

Client's Representative (Review) Signature: _____

Note: All names must be legible.