

FIELD LEVEL HAZARD ASSESSMENT

Work to be done:		Date:
Task location:	Muster Point:	Permit Job #:
PPE Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
TASKS	HAZARDS	PLANS TO ELIMINATE/CONTROL
Has a pre-use inspection of tools/equipment been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Caution/Danger tape needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the worker working alone? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:	
Job Completion		
Are all Permit(s) closed out? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there Hazards remaining? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, explain)	
Was the area cleaned up at end of job / shift? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were there any incidents / injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain:	

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

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


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

Client's Representative (Review) Signature: _____

Note: All names must be legible.

Field Level Hazard Assessment

Tick off the hazards. On the other side of this form list the hazards and identify the plans to eliminate or control the hazard.

Environmental Hazards	Access / Egress Hazards	Rigging & Hoisting Hazards	
1. Work area clean <input type="checkbox"/>	19. Aerial lift/Man basket (inspected & tagged) <input type="checkbox"/>	32. Lift study required <input type="checkbox"/>	
2. Material storage identified <input type="checkbox"/>	20. Scaffold (inspected & tagged) <input type="checkbox"/>	33. Proper tools used <input type="checkbox"/>	
3. Dust / Mist / Fumes <input type="checkbox"/>	21. Ladders (tied off) <input type="checkbox"/>	34. Tools / Sling inspected <input type="checkbox"/>	
4. Noise in area <input type="checkbox"/>	22. Slips / Trips <input type="checkbox"/>	35. Equipment inspected <input type="checkbox"/>	
5. Extreme temperatures <input type="checkbox"/>	23. Hoisting (tools, equipment) <input type="checkbox"/>	36. Others working overhead / below <input type="checkbox"/>	
6. Spill potential <input type="checkbox"/>	24. Evacuation (alarms, routes, ph. #) <input type="checkbox"/>	37. Critical lift permit <input type="checkbox"/>	
7. Waste properly managed <input type="checkbox"/>	25. Confined Space entry permit required <input type="checkbox"/>		
8. Excavation permit required <input type="checkbox"/>		Electrical Hazards	
9. Other workers in area <input type="checkbox"/>		38. GFI test <input type="checkbox"/>	
10. Weather conditions <input type="checkbox"/>		39. Lighting levels too low <input type="checkbox"/>	
11. SDS reviewed <input type="checkbox"/>		40. Working on / near energized equipment <input type="checkbox"/>	
		41. Electrical cords / tools condition <input type="checkbox"/>	
Ergonomic Hazards	Overhead Hazards	42. Fire extinguisher <input type="checkbox"/>	
12. Awkward Body Position <input type="checkbox"/>	26. Barricades & signs in place <input type="checkbox"/>	43. Hot work or electrical permit required <input type="checkbox"/>	
13. Over extension <input type="checkbox"/>	27. Hole coverings identified <input type="checkbox"/>		
14. Prolonged Twisting <input type="checkbox"/>	28. Harness / Lanyard inspected <input type="checkbox"/>		
15. Repetitive / Bending Motion <input type="checkbox"/>	29. 100% Tie-off with harness and anchor points identified <input type="checkbox"/>		
16. Working in a tight area <input type="checkbox"/>	30. Falling objects <input type="checkbox"/>	Personal Limitations / Hazards	
17. Lift too heavy / Awkward to lift <input type="checkbox"/>	31. Power lines <input type="checkbox"/>	44. Procedure not available for task <input type="checkbox"/>	
18. Hands not in line of sight <input type="checkbox"/>		45. Confusing instructions <input type="checkbox"/>	
		46. No training for task or tools to be used <input type="checkbox"/>	
		47. First time performing the task <input type="checkbox"/>	

**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”**