

Field Level Hazard Assessment

Permit Number

Work Order #

Client Name

Work Site Location

Supervisors Name

Contact Number

Work Task Description

Primary Muster Point

Alternate Muster Point

Safety Shower Number

Date of Assessment

Time of Assessment

Wind Direction

North

South

East

West

Job Readiness

Toolbox talks complete?

Yes

No

Job scope understood?

Yes

No

Safe Work Procedure reviewed?

Yes

No

Proper tools Available?

Yes

No

Safe work permit required?

Yes

No

Work communicated to Others?

Yes

No

Location flagged and tagged?

Yes

No

Hazard Identification

Check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Hazardous substances | <input type="checkbox"/> Hazardous Atmosphere | <input type="checkbox"/> Overhead hazards |
| <input type="checkbox"/> Elevated work | <input type="checkbox"/> Particles in Eye | <input type="checkbox"/> Ergonomics |
| <input type="checkbox"/> Strains/Sprains | <input type="checkbox"/> Burns | <input type="checkbox"/> Wildlife |
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Working Alone | <input type="checkbox"/> Severe Weather | <input type="checkbox"/> Heat / Cold stress |
| <input type="checkbox"/> Conflicting work | <input type="checkbox"/> Overexertion | <input type="checkbox"/> Excavations |
| <input type="checkbox"/> Slips, trips, falls | <input type="checkbox"/> Electrical shock | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Loud Noises | <input type="checkbox"/> Pinch points | <input type="checkbox"/> Restricted Space |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Cuts, Scrapes | <input type="checkbox"/> Live Operating Equipment |
| <input type="checkbox"/> Mobile Equipment | | |

Does the Work Involve...

Confined space entry?

- Yes No

If Yes permit reviewed/signed?

- Yes No

Man Watch in place?

- Yes No

Hot Work?

- Yes No

If Yes permit reviewed/signed?

- Yes No

Fire Extinguisher inspected?

- Yes No

Working at Heights?

- Yes No

Workers certified in fall protection?

- Yes No

Fall protection plan in place?

- Yes No

Lockout / Isolation?

- Yes No

If yes, lockout/isolation verified?

- Yes No

Personal lock and tag in place?

- Yes No

Specialty Personal Protective Equipment

Check all that apply

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Half Mask | <input type="checkbox"/> Barricades / flagging | <input type="checkbox"/> Face Shield |
| <input type="checkbox"/> Chemical PPE | <input type="checkbox"/> Arc Flash PPE | <input type="checkbox"/> Hearing protection | <input type="checkbox"/> Fire retardant clothing |
| <input type="checkbox"/> High visibility gauntlet | <input type="checkbox"/> Personal Lock | <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> 4 Head Monitor |

Supervisor's Morning Review

FLHA is to be review by the supervisor before 10am

Is the FLHA Adequate?

- Yes No

All hazard Controls are in place?

- Yes No

All PPE is worn by the crew?

Yes

No

All workers are Fit for Duty?

Yes

No

End of Day Close Out

FLHA is to be closed out by the Supervisor

Is the task complete?

Yes

No

Is the worksite cleaned up?

Yes

No

Was there an incident today?

Yes

No

If Yes was it reported?

Yes

No

Supervisors Signature:

Sign below or upload your signature

Task Details

Sequence of Tasks

Hazards Identified

Risk

Controls Implemented

Risk

Sequence of Tasks

Hazards Identified

Risk

Controls Implemented

Risk

Sequence of Tasks

Hazards Identified

Risk

Controls Implemented

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Risk

Controls Implemented

Risk

Workers Involved in the Work Activities

Enter all workers Involved in the Work Activities