



FIELD LEVEL HAZARD **ASSESSMENT**

A WALK AROUND IS CRITICAL TO
DETERMINING HAZARDS IN YOUR WORK
AREA. ☐

JOB NAME: _____

DATE: _____

LOCATION: _____

PERMIT #: _____

MUSTER POINT: _____

RADIO CHANNEL: _____

PPE INSPECTED: YES ☐ NO ☐

WORK TO BE COMPLETED:

TOOLS & EQUIPMENT TO BE USED:

SITE HAZARDS	
BURIED UTILITIES	<input type="checkbox"/>
UNEVEN GROUND	<input type="checkbox"/>
SLIPPERY SURFACES	<input type="checkbox"/>
OPEN EXCAVATIONS/TRENCHES	<input type="checkbox"/>
SOFT GROUND CONDITIONS	<input type="checkbox"/>
GROUND DISTURBANCE	<input type="checkbox"/>
REMOTE LOCATION	<input type="checkbox"/>
RESTRICTED ACCESS/EGRESS	<input type="checkbox"/>
WORK AREA CLEAN/ORGANIZED	<input type="checkbox"/>
OVERHEAD LINES	<input type="checkbox"/>
ERGONOMIC HAZARDS	
AWKWARD BODY POSITION	<input type="checkbox"/>
REPETITIVE MOTION	<input type="checkbox"/>
OVER EXTENSION	<input type="checkbox"/>
AWKWARD/HEAVY LIFTS	<input type="checkbox"/>
WORKING IN TIGHT AREAS	<input type="checkbox"/>

WORKING ABOVE YOUR HEAD	<input type="checkbox"/>
PROLONGED TWISTING/BENDING	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>
TOOLS/EQUIPMENT HAZARDS	
PNEUMATIC TOOLS	<input type="checkbox"/>
ELECTRICAL TOOLS	<input type="checkbox"/>
EXTENSION CORDS	<input type="checkbox"/>
GENERATORS	<input type="checkbox"/>
GUARDING IN PLACE	<input type="checkbox"/>
HAND TOOLS	<input type="checkbox"/>
LADDERS (CLEAN/CLEAR)	<input type="checkbox"/>
MECHANICAL EQUIPMENT	<input type="checkbox"/>
POWER SUPPLY	<input type="checkbox"/>
ROTATING EQUIPMENT	<input type="checkbox"/>
GROUNDING	<input type="checkbox"/>
LIGHTING SUFFICIENT FOR WORK	<input type="checkbox"/>
NOISE EXPOSURE	<input type="checkbox"/>
PINCH POINTS	<input type="checkbox"/>
SPOTTER REQUIRED	<input type="checkbox"/>
COMPETENT	<input type="checkbox"/>
TRAINING COMPLETED	<input type="checkbox"/>
FATIGUE/STRESS	<input type="checkbox"/>
CONGESTED WORK AREA	<input type="checkbox"/>
FLYING DEBRIS	<input type="checkbox"/>
ENVIRONMENTAL HAZARDS	
SPILL POTENTIAL	
WASTE MANAGEMENT PLAN	
WASTE CONTAINERS REQUIRED	
DUST/MIST/FUMES PRESENT	
WILDFIRE PROTECTION PLAN	
SDS REQUIRED	
CHEMICAL HAZARDS	
REMOTE LOCATION	
WEATHER CONDITIONS	
FUELING	
SAFETY EQUIPMENT REQUIRED	
SPILL KIT AVAILABLE	
FIRE EXTINGUISHERS	
DE-ENERGIZED LOCKOUT	
WARNING SIGNS	
BUGGY WHIP	
POSITIVE AIR SHUTOFF	
BACKUP ALARMS	
EYE WASH STATION	
OTHER:	

PPE REQUIREMENTS	
HIGH VISIBILITY VESTS	<input type="checkbox"/>
HARD HAT	<input type="checkbox"/>
FACE SHIELD	<input type="checkbox"/>
GLOVES	<input type="checkbox"/>
CSA APPROVED FOOTWEAR	<input type="checkbox"/>
FR CLOTHING	<input type="checkbox"/>
SAFETY GLASSES	<input type="checkbox"/>
GAS MONITOR	<input type="checkbox"/>
SCBA	<input type="checkbox"/>
LEG PROTECTION	<input type="checkbox"/>
HEARING PROTECTION	<input type="checkbox"/>
PAPERWORK REQUIRED	
SDS BINDER	<input type="checkbox"/>
PRE-USE INSPECTION	<input type="checkbox"/>
EQUIPMENT INSPECTION	<input type="checkbox"/>
SWPS AVAILABLE	<input type="checkbox"/>
PERMIT	<input type="checkbox"/>
WORKING ALONE PLAN	<input type="checkbox"/>
EMERGENCY RESPONSE PLAN	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>

RISK ASSESSMENT STEPS	
1. Identify the main task and what tools & equipment are required. <input type="checkbox"/>	
2. Identify the hazards by touring the site and evaluating the conditions. <input type="checkbox"/>	
3. Assess the hazard severity vs probability = High, Medium or Low <input type="checkbox"/>	
4. Take action to control the hazards and note the controls used. <input type="checkbox"/>	
SEVERITY	PROBABILITY
1. IMMEDIATE DANGER	A. PROBABLE
2. SERIOUS INJURY/ INCIDENT	B. REASONABLY PROBABLE
3. MINOR INJURY/ INCIDENT	C. UNLIKELY
4. NOT APPLICABLE	D. EXTREMELY UNLIKELY
SEVERITY + PROBABILITY = RISK RANKING (E.G. A worker at heights with no fall protection = 1A)	

IF HAZARDS OR CONTROLS CHANGE A NEW FLHA MUST BE SUBMITTED.

TASK	RISK RANK	
HAZARDS		
HAZARD CONTROLS		

BY TYPING MY(OUR) NAME(S) BELOW, I UNDERSTAND AND AGREE THAT THIS FORM OF ELECTRONIC SIGNATURE HAS THE SAME LEGAL FORCE AND EFFECT AS A MANUAL SIGNATURE. ☐

WORKER SIGNATURE(S):

DATE & TIME:

SUPERVISORS:

SIGNATURE:

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