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| FIELD LEVEL HAZARD ASSESSMENT

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| --- | --- |
| Work to be done: | Date: |
| Task Location: | Muster Point: | Permit Job # |
| PPE Inspected: [ ]  Y [ ]  N Items inspected: |
| Identify and Prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards. |
| **TASKS** | **HAZARDS** | **RISK** | **PLANS TO ELIMINATE/CONTROL** |
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| Has a pre-use inspection of tools/equipment been completed? [ ]  Y [ ]  N  | Warning tag out needed? [ ]  Y [ ]  N  |
| Is the worker working alone? [ ]  Y [ ]  N  | If Yes, please explain: |
| Job Completion |
| Are all permits closed out? [ ]  Y [ ]  N  | Are there hazards remaining? [ ]  Y [ ]  N  |
| Was the are cleared up at the end of the job/shift?[ ]  Y [ ]  N  | If Yes, please explain: |
| Were there any incidents/injuries? [ ]  Y [ ]  N  |
| Please print and sign below (All members of the crew) prior to commencing work, and initial when task is completed at the end of the shift/project. |
| **Worker Name** | **Signature** | **Initial** | **Worker Name** | **Signature** | **Initial** |
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| Supervisor’s Name and Signature: |
| Company Representative Signature: |

|  |  |  |
| --- | --- | --- |
| **Environmental Hazards** | **Access/Egress Hazards** | **Rigging/Hoisting Hazards** |
| [ ]  Work area clean[ ]  Material storage identified[ ]  Dust/Mist/Fumes[ ]  Noise in area[ ]  Spill potential[ ]  Waste properly managed[ ]  Excavation permit required[ ]  Other workers in area[ ]  Weather conditions[ ]  MSDS Reviewed | [ ]  Aerial lift/Man basket inspected and tagged[ ]  Scaffold inspected and tagged[ ]  Ladders tied off[ ]  Slips/Trips[ ]  Hoisting (tools, equipment)[ ]  Excavation (alarm, route, ph.)[ ]  Confined/Restricted space entry permit required | [ ]  Lift study required[ ]  Proper tools used[ ]  Tools/Sling inspected[ ]  Equipment inspected[ ]  Others working above/below[ ]  Critical lift permit |
| **Ergonomic Hazards** | **Overhead Hazards** | **Electrical Hazards** |
| [ ]  Awkward body position[ ]  Over-extension[ ]  Prolonged twisting / repetitive / bending motion[ ]  Working in tight area[ ]  Too heavy/awkward to lift[ ]  Hands not in line of sight[ ]  Working above your head | [ ]  Barricades and signs in place[ ]  Hole coverings identified[ ]  Harness/Lanyard inspected[ ]  100% Tie-off with harness and anchor points identified[ ]  Falling objects[ ]  Power lines[ ]  Hoisting or moving loads | [ ]  GFI test[ ]  Lighting levels too low[ ]  Working on/near energized equipment[ ]  Electrical cord/tool conditions[ ]  Fire extinguisher[ ]  Hot work or electrical permit required |
| **Factor** | **Consequence** | **Exposure** | **Probability** |
| 6 | Catastrophe | Continuous | Almost Certain |
| 5 | Disaster | Frequent | Quite Possible |
| 4 | Very Serious | Occasional | Unusual but Possible |
| 3 | Serious | Infrequent | Remotely Possible |
| 2 | Medical Treatment | Rare | Conceivable |
| 1 | First Aid Treatment | Very Rare | Practically Impossible |

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