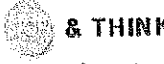


# Field Level Hazard Assessment

Check off the hazards that apply to this job. List the item # in the 2<sup>nd</sup> column with priority ranking (other side). Identify the plans to eliminate or control them in the 3<sup>rd</sup> column (other side).

<b>Environmental Hazards</b> 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"/>  <b>Ergonomic Hazards</b> 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"/>  <b>Severity:</b> 1. <b>Imminent Danger</b> - causing deaths, widespread occupational illness, loss of facilities 2. <b>Serious</b> - severe injury / illness, property and / or equipment damage 3. <b>Minor</b> - non-serious injury, illness, or damage 4. <b>Not Applicable</b> N/A	<b>Access / Egress Hazards</b> 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"/>  <b>Overhead Hazards</b> 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"/>	<b>Rigging &amp; Hoisting Hazards</b> 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"/>  <b>Electrical Hazards</b> 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"/>  <b>Personal Limitations / Hazards</b> 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"/>  <b>Probability:</b> A. <b>Probable</b> - likely to occur immediately or soon B. <b>Reasonably Probable</b> - likely to occur eventually C. <b>Remote</b> - could occur at some point D. <b>Extremely Remote</b> - unlikely to occur
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**Resume Work** → **Look Around & Identify Hazards**  
 Control Hazards ← **Assess Hazards**

Field Level Hazard Assessment  
 Alberta Construction Safety Association

**Severity + Probability = Priority (E.g. Worker at heights without Fall Protection - 1A)**

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"**  
 This generic FLHA card was produced by the Alberta Construction Safety Association ([www.acsa-safety.org](http://www.acsa-safety.org))

<b>FIELD LEVEL HAZARD ASSESSMENT</b>		Company Name: _____	
Work to be done: _____		Date: _____	
Task location: _____		Muster Point: _____	
PPE Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit Job #: _____	
<b>Identify and Prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards.</b>			
<b>TASKS</b>	<b>HAZARDS</b>	<b>Priority</b>	<b>PLANS TO ELIMINATE/CONTROL</b>
Has a pre-use inspection of tools/equipment been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Warning ribbon 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: _____		
<b>Job Completion</b>			
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: _____		
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.			
<b>Worker's Name (Print)</b>	<b>Signature</b>	<b>Initial</b>	<b>Worker's Name (Print)</b>
Foreperson's Name and Signature (Sign upon reviewing completed card): _____			
Client's Representative (Review) Signature: _____			

*Note: All names must be legible.*