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| FIELD LEVEL HAZARD ASSESSMENT  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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** | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | | 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** | |  |  | |  |  | |  | |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  | |  | | 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 | |