



FIELD LEVEL HAZARD ASSESSMENT

CUSTOMER NAME: _____

DATE: _____

JOB LOCATION: _____

WORK TO BE DONE: _____

SITE CONTACT: _____

P.R.E INSPECTED? YES NO

FIRST CALLS PRESENT? YES NO

HAS A PRE-USE INSPECTION OF TOOLS BEEN COMPLETED?

YES NO

TASK	HAZARD	PRIORITY	PLANS TO ELIMINATE/CONTROL

Severity: 1. Imminent **Danger** 2. **Serious** 3. **Minor** 4. **Not Applicable**
Probability: A. **Probable** B. **Reasonably Probable** C. **Remote** D. **Extremely Remote**

IS THE WORKER WORKING ALONE? YES NO
 ARE ALL PERMIT(S) CLOSED OUT? YES NO ARE THEIR HAZARDS REMAINING? YES NO

Please print and sign below (All members of the crew) prior to commencing work, and initial when task is completed

Workers name (Print)	Signature	Initial	Workers name (Print)	Signature	Initial

Environmental Hazards **Access / Egress Hazards** **Rigging & Hoisting Hazards**

- | | | |
|---|--|---|
| <input type="checkbox"/> Work area clean
<input type="checkbox"/> Dust / Mist / Fumes
<input type="checkbox"/> Noise in area
<input type="checkbox"/> Extreme Temperatures
<input type="checkbox"/> Spill potential
<input type="checkbox"/> Waste properly managed
<input type="checkbox"/> Excavation permit required
<input type="checkbox"/> MSDS reviewed | <input type="checkbox"/> Aerial lift / man basket
<input type="checkbox"/> Scaffold (Inspected and tagged)
<input type="checkbox"/> Ladders (Tied off)
<input type="checkbox"/> Slips/Trips
<input type="checkbox"/> Hoisting (Tools & Equipment)
<input type="checkbox"/> Evacuation (Alarms, routes, ph #)
<input type="checkbox"/> Confined
<input type="checkbox"/> Entry permit required | <input type="checkbox"/> Lift study
<input type="checkbox"/> Proper tools used
<input type="checkbox"/> Tools inspected
<input type="checkbox"/> Equipment inspected
<input type="checkbox"/> Slings inspected
<input type="checkbox"/> Others working overhead
<input type="checkbox"/> Critical lift permit |
|---|--|---|

Ergonomic Hazards **Overhead Hazards** **Electrical Hazards**

- | | | |
|---|--|---|
| <input type="checkbox"/> Awkward body position
<input type="checkbox"/> Over extension
<input type="checkbox"/> Prolonged bending
<input type="checkbox"/> Working in tight area
<input type="checkbox"/> Lift to heavy
<input type="checkbox"/> Repetitive motion
<input type="checkbox"/> Hand not in line of sight
<input type="checkbox"/> Working above your head | <input type="checkbox"/> Barricades & Signs in place
<input type="checkbox"/> Hole coverings identified
<input type="checkbox"/> Harness & lanyard inspected
<input type="checkbox"/> 100% Tie-off w/harness
<input type="checkbox"/> Falling items
<input type="checkbox"/> Foreign bodies in eyes
<input type="checkbox"/> Hoisting or moving loads overhead | <input type="checkbox"/> GFI tested
<input type="checkbox"/> Lighting levels too low
<input type="checkbox"/> Electrical cord condition
<input type="checkbox"/> Electrical tools condition
<input type="checkbox"/> Fire extinguisher
<input type="checkbox"/> Hot work or electrical permit required |
|---|--|---|

Reviewed by: _____

Date: _____