

FIELD LEVEL HAZARD ASSESSMENT

Check off the hazards that apply to this job. List the items in the hazards column, indicate the priority ranking and identify the plans to eliminate or control on the other side of this form.

Environmental Hazards	Access/Egress Hazards	Rigging & Hoisting Hazards	
<input type="checkbox"/> 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"/> 19. Aerial lift/man basket (inspected & tagged) <input type="checkbox"/> 20. Scaffold (inspected & tagged) <input type="checkbox"/> 21. Ladders (tied off) <input type="checkbox"/> 22. Slips/trips <input type="checkbox"/> 23. Hoisting (tools, equipment) <input type="checkbox"/> 24. Evacuation (alarms, routes, ph.#) <input type="checkbox"/> 25. Confined/restricted space entry permit required	<input type="checkbox"/> 33. Lift study required <input type="checkbox"/> 34. Proper tools used <input type="checkbox"/> 35. Tools/sling inspected <input type="checkbox"/> 36. Equipment inspected <input type="checkbox"/> 37. Others working overhead/below <input type="checkbox"/> 38. Critical lift permit	
Ergonomic Hazards <input type="checkbox"/> 12. Awkward body position <input type="checkbox"/> 13. Over extension <input type="checkbox"/> 14. Prolonged twisting/repetitive/bending motion <input type="checkbox"/> 15. Working in tight area <input type="checkbox"/> 16. Lift too heavy/awkward to lift <input type="checkbox"/> 17. Hands not in line of sight <input type="checkbox"/> 18. Working above your head	Overhead Hazards <input type="checkbox"/> 26. Barricades & signs in place <input type="checkbox"/> 27. Hole coverings identified <input type="checkbox"/> 28. Harness/lanyards inspected <input type="checkbox"/> 29. 100% tie-off with harness and anchor points identified <input type="checkbox"/> 30. Falling objects <input type="checkbox"/> 31. Power lines <input type="checkbox"/> 32. Hoisting or moving loads overhead	Electrical Hazards <input type="checkbox"/> 39. GFI test <input type="checkbox"/> 40. Lighting levels too low <input type="checkbox"/> 41. Working on/near energized equipment <input type="checkbox"/> 42. Electrical cords/tools condition <input type="checkbox"/> 43. Fire extinguisher <input type="checkbox"/> 44. Hot work or electrical permit required	
Severity: 1. Imminent Danger – causing deaths, widespread occupational illness, loss of facilities 2. Serious – severe injury/illness, property and/or equipment damage 3. Minor – non-serious injury, illness or damage 4. Not Applicable – N/A	<p>The diagram is a circular flow with four steps: 'Look Around & Identify Hazards' at the top, 'Assess Hazards' on the right, 'Control Hazards' at the bottom, and 'Resume Work' on the left. A red octagonal 'STOP' sign is positioned at the top left of the cycle.</p>		Personal Limitations/Hazards <input type="checkbox"/> 45. Procedure not available for task <input type="checkbox"/> 46. Confusing instructions <input type="checkbox"/> 47. No training for task or tools to be used <input type="checkbox"/> 48. First time performing the task
			Probability: A. Probable – likely to occur immediately or soon B. Reasonably Probable – likely to occur eventually C. Remote – could occur at some point D. Extremely Remote – unlikely to occur
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.youracsa.ca)

FIELD LEVEL HAZARD ASSESSMENT

Company Name: _____

Work to be done:	Date:
Task location: Muster point:	Permit job #:
PPE inspected:	

Identify and Prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards.

TASKS	HAZARDS	PRIORITY	PLANS TO ELIMINATE/CONTROL

Has a pre-use inspection of tools/equipment been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Warning ribbon needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the worker working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:

Job Completion

Are all Permit(s) closed out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are there Hazards remaining? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the area cleaned up at end of job/shift? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(If Yes, explain)
Were there any incidents/injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	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.

Worker's Name (Print)	Signature	

Foreperson's Name and Signature (Sign upon reviewing completed card): _____
 Client's Representative (Review) Signature: _____ *Note: All names must be legible.*

Work Site Safety Inspection

Company Name

Date:

Location:	Inspected by:
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Items to Watch For:

- | | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> • Buildings and structures, windows, floors, doors, stairs • Elevators, escalators, manlifts • Aisles, work surfaces • Lighting • Electrical wiring, cords • Exits, alarms, emergency lighting, drills • Fire protection equipment • Heating and cooling | <ul style="list-style-type: none"> • Sanitation • Storage areas • Bulletin board • Atmosphere condition, ventilation • Toxic material storage, labels • Flammable liquid, gas, labels, storage containers • Pressure vessels | <ul style="list-style-type: none"> • Materials handling equipment • Containers • Production equipment, guarding, controls • Hand and power tools • Ladders, scaffolds • Vehicles • First aid contents and training • Personal protective equipment | <ul style="list-style-type: none"> • Operator authorizations • Warning signs, labels • Safe work practices • Proper lifting • Housekeeping • Maintenance • Safety training • Smoking • Locker and lunch room • Safe job procedures |
|---|---|--|--|

Item #	Location	Hazard(s) Observed	Priority	Corrective Action(s)	Date/Time Action Completed	By Whom (Print Name)

* Priority Index: 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N/A)

Copies to: _____ **Reviewed (Date):** _____

Comments: _____

Manager's Signature: _____

Company Name

Health and Safety Toolbox Meeting

Date: _____ **Project/Facility:** _____

AGENDA:

Meeting led by: _____

1. Review of Previous Meeting
2. Review of Inspections/Incidents
3. Current Topic Discussion
4. Worker Input
5. Date/Time/Topic of Next Meeting

ATTENDANCE: (Have each attendee print & sign in ink)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

TOPIC OF REVIEW: _____

WORKER INPUT: _____

ACTION(S) TO BE TAKEN: _____

NEXT MEETING: Date: _____ Time: _____

Foreman/Supervisor Signature

Reviewed By

Company Name

Incident Investigation Report

Date/Time: _____

1. Incident Type: Injury/Illness Close Call Fire
 Spill Major Potential
 Property Damage Vehicle Collision

2. Incident Date (M/D/Y): ____/____/____ 3. Time (24 Hour Clock): _____

4. Area: _____ 5. Specific Location: _____

Injury/Illness

6. First Aid Medical Aid Modified Work Lost Time Fatal

7. Name of Worker: _____ 8. Age: _____ Gender: _____

9. Occupation: _____ 10. Experience: _____

11. Nature of Injury: _____

12. Object/Equipment/Substance Inflicting Injury/Damage: _____

Property Damage

13. Description of Property: _____

14. Description of Damage: _____

15. Estimated Loss/Damage Cost: _____

Other Actual/Potential Loss

16. Type: _____

17. Description: _____

18. Estimated Cost: _____

19. Evaluation of Risk Potential if Not Corrected (circle selection):

Severity: 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N/A)

Probability: A. Probable B. Reasonably Probable C. Remote D. Extremely Remote

20. Description of Incident:

Diagram of Scene:



N.T.S

Not to Scale

Witness(es):

21. Witness Statement(s) Attached: Yes No

22. Description of Immediate Cause(s)

23. Description of Underlying Cause(s)

24. Corrective Action(s) (Immediate, Interim, Final):

Recommendations Completed by Whom: | Date/Time:

25. Date Report Completed: (Y/M/D) ____/____/____

Investigated by:

print

sign

Signatures

Supervisor:

Worker:
