

<b>FIELD LEVEL HAZARD ASSESSMENT</b>	<b>Date:</b>
--------------------------------------	--------------

Customer Name and Location:	PPE Inspected: Yes <input type="checkbox"/> Items Inspected:
-----------------------------	--

Job/ Task Being Completed:
----------------------------

Safety Checklist (confirm all before proceeding)			
1. Emergency Response Plan (alarms, routes, contact, etc.)	<input type="checkbox"/>	3. Barricades & signs in place	<input type="checkbox"/>
2. SDS available/reviewed	<input type="checkbox"/>	4. Tools/equipment/ PPE available/inspected	<input type="checkbox"/>
		5. Ladder inspected/SOP reviewed	<input type="checkbox"/>
		6. Hot work or electrical permit required	<input type="checkbox"/>

Hazards (check if items present)			
1. First time performing the task	<input type="checkbox"/>	7. Ground/ Floor Conditions	<input type="checkbox"/>
2. Biological exposure	<input type="checkbox"/>	8. Low/high lighting levels	<input type="checkbox"/>
3. Extreme/ adverse temperatures/ weather conditions	<input type="checkbox"/>	9. Overhead objects/ hoisting moving loads overhead	<input type="checkbox"/>
4. Extreme noise in area	<input type="checkbox"/>	10. Heat/ Fire / Explosions	<input type="checkbox"/>
5. Dust / mist / fumes	<input type="checkbox"/>	11. Slips/ trips/ falls	<input type="checkbox"/>
6. Electrical Hazards including working on/near energized equipment	<input type="checkbox"/>	12. Spill potential/ Hazardous Chemicals or Substances	<input type="checkbox"/>
		13. Other workers in area, or above/below	<input type="checkbox"/>
		14. Vibration	<input type="checkbox"/>
		15. Working in a tight area/ workspace not adequate for job	<input type="checkbox"/>
		16. Moving Vehicles/ equipment	
		17. Other (not listed)	

(A) How often do you do this task?	(B) How likely is there to be an incident?	(C) How bad would that incident likely be?
5 = Multiple times/ day	5 = Almost Certainly	5 = Fatal/Perm Disability/Major Damage
4 = Daily	4 = Highly Likely	4 = Injury with lost time
3 = Weekly	3 = Somewhat Likely	3 = Medical Aid/ property damage
2 = Monthly	2 = Possible, Though Unlikely	2 = First aid/Minor property Damage
1 = Quarterly or less	1 = Likely Never	1 = No first aid/ no property damage

Priority Ranking = (A) + (B) + (C)  
 Low = 3-4      Mild = 5-7      Moderate = 8-10      High = 11-13      Severe = 14-15

“Stop...Think...See It Again for The First Time”

For hazards identified above, list the plans to eliminate/control the hazards.

HAZARD NUMBER	HAZARDS	Priority	PLANS TO ELIMINATE/CONTROL
2	COVID-19	10	2m distancing, wear mask/gloves, wash hands/shared equipment, don't touch face
			Employee Name: