FIELD LEVEL HAZARD ASSESSMENT FORM

Describe the task(s) being performed	See It *What could go wrong?*
	Evaluate It *How bad could it be?*
	Control It *What can I do to fix it?*

Hazards to Consider- check off all that apply

Physical

☐ Housekeeping	☐ Lighting	☐ Others working below/overhead
☐ Material storage & handling	☐ Weather	☐ Incorrect tools/equipment
☐ Slip/Trip/Fall potential	☐ Hot work	☐ Working on/near energized equipment
☐ Blocked exits & walkways	☐ Vehicle/pedestrian traffic	☐ Defective tools/equipment
☐ Confined/restricted space	☐ Working at heights	☐ Unguarded equipment
☐ Improper ventilation	☐ Scaffolding	☐ Noise
☐ Powerlines overhead/ underground	☐ Falling objects	☐ Vibration
☐ Ground/surface condition	☐ Loads moving or being hoisted	☐ _____
☐ Open Excavation	☐ Ladder use	
	☐ Critical Lift	

Ergonomic

☐ Awkward body positioning	☐ Twisting/reaching/bending	☐ Awkward grip/load carried
☐ Overextension	☐ Cramped/tight work area	☐ Working at over head height
☐ Repetitive Motion	☐ Forceful pushing/pulling	☐ _____

Chemical

☐ Freeze burn	☐ Dust/fumes/vapours/gases	☐ Acid/corrosive material
☐ Chemical handling/storage	☐ Fire/explosion/reactive properties	☐ Aerosols
☐ Spill potential		☐ _____

Biological	Psychosocial
☐ Waste disposal ☐ Blood/bodily fluid ☐ Virus/bacteria ☐ Insect bite ☐ Lack of hygiene/sanitation ☐ _____	☐ Personal limitations/illness, age, mental stability ☐ Harassment/violence ☐ Stress/fatigue ☐ Working alone ☐ Worker(s) not competent ☐ _____

List PPE Required:	**PPE Inspected?** ☐ **Yes** ☐ **No**
Location of First Aid supplies:	**Emergency Muster Location:**
If working alone, explain check-in procedure:	

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	Risk = Severity X Likelihood	
Company Name:	Severity	Likelihood
Date:	1-Minor first aid injury or damage	1-Unlikely
Worksite Representative Name/Phone #:	2-Medical treatment or major damage	2-May Happen
	3-Lost time, fatality or catastrophic damage	3-Highly Likely

Identify the hazards and outline plans to eliminate or control each hazard. Then assign a risk rating.

HAZARD	CONTROLS	RISK RATING

Did you properly lock out & tag any defective tools/equipment? ☐ **Yes** ☐ **No**

Did you notify nearby workers of any hazards that may affect them? ☐ **Yes** ☐ **No**

WORKER NAME (print)	SIGNATURE	TIME	INITIAL

NOTE: If leaving and coming back to a task, workers must record the time and initial, acknowledging that no new hazards are present.

Supervisor Signature:	**Date:**
Worksite Representative Signature:	**Date:**

ALL AFFECTED WORKSITE PARTIES MUST SIGN OFF BEFORE WORK CAN BEGIN

Worksite Representative Comments:
_____
_____
Was the work area cleaned up/materials store and disposed of properly? ☐ Yes ☐ No
Did any incidents occur? ☐ Yes ☐ No If yes, explain: