



Field Level Hazard Assessment (FLHA)

Date:

Name:

Site Location:

Work Area:

Weather		Emergency Information			
Temperature:		Emergency Contact Name:		First Aid Kit Location:	
Wind:		Emergency Contact Phone #:		Fire Extinguisher Location:	
Precipitation:		Primary Communication Method:		Eye Wash Location:	
Supporting Documentation		Pre-Job Checklist			
Lock Out Tag Out (LOTO)	YES / NO	Are we working on the right component?	YES / NO		
Job Hazard Analysis (JSA)	YES / NO	Are we competently trained for the task?	YES / NO		
Standard Operating Procedure (SOP)	YES / NO	Do we have all the correct tools required?	YES / NO		
Confined Space Permit	YES / NO	Do we have all the required materials?	YES / NO		
Hot Work Permit	YES / NO				
Potential Hazards					
Human Factors		Environmental Hazards		Tool Hazards	
Distracted	YES / NO	Excessive heat / heat stress	YES / NO	Excessive loud noises	YES / NO
Rushing	YES / NO	Excessive cold / hypothermia	YES / NO	Rotating tools	YES / NO
Frustrated	YES / NO	Wildlife encounters	YES / NO	Cutting tools	YES / NO
Complacent	YES / NO	Spills into sensitive area	YES / NO	Dust / vapours / fumes	YES / NO
Work scope understood	YES / NO	Slippery conditions / snow / ice	YES / NO	Hazardous chemicals	YES / NO
	YES / NO	Poor lighting / visibility	YES / NO	GFCI protected power tools	YES / NO
Ergonomic Hazards		Job Site Hazards		Equipment Hazards	
Heavy manual lifting	YES / NO	Other crews working in area	YES / NO	Clear communication / spotter	YES / NO
Repetitive motion	YES / NO	Energized or pressurized equipment	YES / NO	Unobstructed view of area	YES / NO
Awkward body position	YES / NO	Hot surfaces / steam / extreme cold	YES / NO	Aerial work platform	YES / NO
Pinch points	YES / NO	Dropped objects / overhead work	YES / NO	Crane or other lifting equipment	YES / NO
Crush points	YES / NO	Interactions with the public	YES / NO	Overhead lines	YES / NO
Uneven/elevated work surface	YES / NO		YES / NO	Steep grades	YES / NO



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List all tasks that are planned for the work shift, any hazards that arise from these tasks, and the implemented control measures to mitigate this hazards.

Job Tasks	Specific Hazards	Control Measures

Names of workers involved in these tasks, must understand and agree to hazards and mitigations above.

Name	Signature	Name	Signature
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Did any incidents occur during the shift?	YES / NO	Are tools and materials stored securely?	YES / NO	List remaing hazards:
Who were the incidents reported to:		Are there any hazards left at job site?	YES / NO	

Foreman name	Signature (start of shift)	Foreman Name	Signature (Close of shift)

Audit of FLHA	Auditor Name:	Needs Improvement / Good / Excellent
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