FIELD LEVEL HAZARD ASSESSMENT (FLHA)

|  |  |  |
| --- | --- | --- |
| Name: |  | Date: |
| Job task | being assessed: |  |

**Step 1:** Check off the hazards that apply to the job task you are going to complete.

**Step 2:** Identify the plan that you have put into place to reduce the risk of the identified hazards on the reverse side of this page.

**Step 3:** Ensure all employees involved in the job task review and sign this FLHA.

|  |  |  |
| --- | --- | --- |
| **Hazard Factors:** | **YES** | **NO** |
| Is lockout required? |  |  |
| Is there a potential for stored energy? |  |  |
| Do you need help with this job task? |  |  |
| Is the work area clean? |  |  |
| Is there spill potential? |  |  |
| Is weather a factor? |  |  |
| Are there any overhead hazards? i.e. power lines |  |  |
| Are there other workers in the area? |  |  |
| Are you working in a tight or restricted area? |  |  |
| Are you working in an awkward body position? |  |  |
| Is the lift heavy where mechanical assistance is required? i.e. >50 lbs. |  |  |
| Are permits required for the job? |  |  |
| Do you have all the proper tools for the job? |  |  |
| Have you completed all of the necessary pre-use inspections? i.e. slings |  |  |
| Can you safely use a tied off ladder or do you need a Manlift? |  |  |
| Do you require fall protection? |  |  |
| Do you have all the proper PPE? |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |



|  |  |
| --- | --- |
| **Steps you have taken to reduce the risk of the idenfitied hazards:** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

|  |  |
| --- | --- |
| Print Name(s): | Signature(s): |
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Additional comments: