FLHA – Field Level Hazard Assessment

Date:	Time:	
Location:	Job/Task:	
LOCKOUT List Equipment Lockout Out:		
	T	
Energy Sources:	Lockout Requirements: ALL MUST	BE CHECKED
☐ Electric	☐ Confirmed zero energy	☐ Notify
☐ Hydraulic	☐ Rotating equipment stopped	☐ Identify
□ Air	☐ Cables strung correctly?	☐ Shut Down
☐ Gravity	☐ Locks are secure?	☐ Isolate
Stored Energy	☐ Test Verified and/or witnessed	Lock
☐ Up/Down Stream	Reviewed steps to restore-gates & guards	☐ Inspect
☐ Above/Below		☐ All Clear
☐ Other (eg. Pinning)		☐ Dissipate
	-	☐ Test
BOUNDARIES		

Defined the boundaries of the task/job:

HAZARD ASSESSMENT		
Y/N	HAZARDS	CONTROLS & PPE
	Slips/Trips/Falls	
	Overhead Hazards	
	Cut/Pinch/Crush/Injury	
	Body Positioning/Strains	
	Weight (Heavy/Awkward)	
	Projectiles/Struck By	
	Surroundings/Work Area	
	Other	

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Additi	onal Controls, Measures and Actions Considered		
Tools:			
	Correct for the job?		
	Inspected and in good condition?		
Specia	alized PPE:		
	Specialized or additional PPE required?		
	Inspected before use?		
	Correct gloves for task?		
High-F	Risk Task:		
	Are additional plans/procedures required for high-risk tasks and is the supervisor notified?		
	Confined space		
	Fall from height		
	Lifting/Rigging		
	Upset Condition		
	Hot Work		
	Other		
Are th	e following required?		
	Spotter:		
	Rescue Plan:		
	Other:		
Huma	n Factors:		
	Fit for duty?		
	Mind on task, not rushing, frustrated, or distracted?		
	No Short Cuts		
Other			
	IF SCOPE CHANGES NOTIFY SUPERVISOR OR LOCK OUT CHECKER FOR ADDITIONAL FLHA		
Traini	ng / Procedure Verification		
	Worker (s) is trained and familiar with lockout procedures OR		
	Untrained/Unfamiliar worker(s) require double verification by another experienced		
NAME	worker AND lockout checker. INTL NAME INTL		
NAME	INTL NAME INTL		
Lockout Checker:			