

I-1 FIELD LEVEL HAZARD ASSESSMENT



Date: _____ Worksite Location: _____ Prepared By: _____ Weather Conditions: _____ <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">ANY "AT RISK" WORKERS?</div> <ul style="list-style-type: none"> <input type="radio"/> Young Worker _____ <input type="radio"/> New Worker _____ <input type="radio"/> Inexperienced _____ 	The scope of work and applicable Safe Work Practices/Procedures are understood by all workers? Yes/No Are site conditions likely to change? Yes/No Required safety equipment is available? Yes/No Are you working alone? Yes/No Is working alone procedure understood? Yes/No Has task location been inspected? Yes/No Is evacuation plan understood? Yes/No Tools & Equipment inspected? Yes/No Lockout required? Yes/No Has all PPE been inspected? Yes/No
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ALL CONTROLS IMPLEMENTED PRIOR TO STARTING WORK? YES / NO

IF NO, HAZARDS MUST BE RE-ASSESSED. IF HAZARDS CANNOT BE CONTROLLED OR ELIMINATED, CONTACT YOUR SUPERVISOR.

RATING SYSTEM

SEVERITY RATING

- 1 FIRST AID ONLY/MINOR PROPERTY DAMAGE
- 2 MEDICAL AID/MINOR PROPERTY DAMAGE
- 3 LOST TIME INJURY/MAJOR PROPERTY DAMAGE
- 4 PERMANENT DISABILITY/MAJOR PROPERTY DAMAGE
- 5 FATAL/CATASTROPHIC PROPERTY DAMAGE

PROBABILITY RATING

- 1 LOW PROBABILITY (EXTREMELY REMOTE)
- 2 LOW-MEDIUM PROBABILITY (REMOTE)
- 3 MEDIUM PROBABILITY (MIGHT OCCUR)
- 4 MEDIUM-HIGH PROBABILITY (LIKELY WILL OCCUR EVENTUALLY)
- 5 HIGH PROBABILITY (WILL OCCUR)

TASK	HAZARDS <i>SEE HAZARD TYPES BELOW.</i>	SEVERITY	PROBABILITY	TOTAL	HAZARD ELIMINATION/CONTROL <i>1) Eliminate 2)Substitute 3)Engineered 4)Administrated 5)PPE</i>

REVIEWED BY SUPERVISOR AND ALL WORKERS ARE DEEMED COMPETENT FOR THE LISTED TASKS:

Print: _____ Title: _____ Sign: _____

Reviewed by:

Print: _____ Title: _____ Sign: _____

Print: _____ Title: _____ Sign: _____

HAZARDS: MECHANICAL, CHEMICAL, ELECTRICAL, WEATHER, BIOLOGICAL, KINETIC (MOTION), GRAVITY, PRESSURE, TEMPERATURE, NOISE, ERGONOMIC, PSYCHOSOCIAL.



TOOLBOX MEETING

DATE: _____ LOCATION: _____

SUPERVISOR/FACILITATOR: _____

AGENDA

1. _____

2. _____

3. _____

4. _____
5. _____

7. _____

8. _____

NOTES:

ATTENDEES

PRINT NAME	SIGNATURE	PRINT NAME	SIGNATURE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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