

Field Level Risk Assessment – Take 5

Name: _____	Date / Time: _____
Workorder / Task: _____	Location: _____

STOP AND THINK?	Y	N
1. Am I clear on what the task is?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have I reviewed the risk register / safe work practice for the task?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all the equipment and tools appropriate and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I have the necessary safety training for the task?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do I have the correct personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>

If NO, Stop and review with your Supervisor or Leadhand. ←

LOOK FOR UNKNOWN HAZARDS!		
1. Ergonomic (lifting, awkward position, repetitive motion, reaching, vibration)	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemical (airborne contaminants, spill hazard, flammable liquids, gasoline/diesel)	<input type="checkbox"/>	<input type="checkbox"/>
3. Mechanical (noise, compressed air, energy sources, rotating equipment)	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical (shock, arc flash, back-feeds, induction, abnormal condition)	<input type="checkbox"/>	<input type="checkbox"/>
5. Trip & Fall (slip & trip, climbing, heights over 10ft, open pits)	<input type="checkbox"/>	<input type="checkbox"/>
6. Health (asbestos, bio-hazard, wildlife, sharps, radiation)	<input type="checkbox"/>	<input type="checkbox"/>
7. Location (confined space, restricted space, similar equipment, housekeeping, public)	<input type="checkbox"/>	<input type="checkbox"/>
8. Environmental (fumes, hot work, high/low temperatures, weather, lighting)	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (working alone, fatigue, fire suppression systems, other contractors)	<input type="checkbox"/>	<input type="checkbox"/>

ASSESS HAZARDS.		
1. Is the risk levels moderate, low or very low for all identified unknown hazards?	<input type="checkbox"/>	<input type="checkbox"/>

If NO, Stop and review with your Supervisor or Leadhand. Further action required ←

MAKE THE HAZARDS SAFE.		
1. Have I removed the hazards and implemented effective controls?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can I complete the task safely?	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE THE TASK SAFELY.

Sign: _____