Field Level Risk Assessment:

Please complete the following assessment for each audit. Completed forms are to be submitted with your NOAA. The advisor will review the form to ensure adequate controls are in place for identified hazards. The person who filled out the checklist will be informed by the advisor if the field work can proceed in a safe manner or if additional steps need to be taken. The advisor will retain a copy of the completed field level risk assessment.

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| Name of Person Completing Field Level Risk Assessment: |  | Related Activity: (including host company name) |  |
| Date of Field Level Risk Assessment: |  | Planned Start Date of Site Visit: |  |
| Project Team Members (if applicable): |  | Auditor: |  |

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| Hazard Category 1 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| Safety High Risk  | Working Alone |  |  |  |
| Mechanical Energy |  |  |  |
| Electrical Energy |  |  |  |
| Pneumatic Energy |  |  |  |
| Working at Heights |  |  |  |
| Walking/ Working Surface  |  |  |  |
| Mobile Equipment |  |  |  |
| Resource Road Driving  |  |  |  |
| Extreme Weather |  |  |  |
| Fire and Explosion |  |  |  |
| Restricted or Confined Spaces |  |  |  |
| Unstable Ground |  |  |  |
| Sharp edges |  |  |  |

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| Hazard Category 2 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| **Physical** | Noise |  |  |  |
| Vibration |  |  |  |
| Extreme Temperature |  |  |  |
| Radiation |  |  |  |
| Air Quality (includes wildfire smoke) |  |  |  |
| Lighting |  |  |  |

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| Hazard Category 3 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? Include managing the spread of contamination to others if you may be or are infected or affected. |
| **Biological** | Bacteria  |  |  |  |
| Communicable Diseases\* | Yes |  |  |
| Insects |  |  |  |
| Plants |  |  |  |
| Birds |  |  |  |
| Animals |  |  |  |
| Skin Irritants |  |  |  |
| Allergens |  |  |  |

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| Hazard Category 4 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| MSD | Awkward working posture |  |  |  |
| Repetitive Task |  |  |  |
| Excessive Force |  |  |  |

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| Hazard Category 5 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| Chemical | Designated Substance: (Silica, Lead, Isocyanates) |  |  |  |
| Hazardous Product Exposure: Inhalation |  |  |  |
| Hazardous Product Exposure: Absorption |  |  |  |
| Hazardous Product Exposure: Ingestion |  |  |  |
| Hazardous Product Exposure: Injection |  |  |  |

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| Hazard Category 6 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| Psychosocial | Working in a community-based setting |  |  |  |
| Working with unstable or volatile clients |  |  |  |
| Mobile workplaces/working alone |  |  |  |
| Contact with clients |  |  |  |
| Fit for Work (state of self) |  |  |  |
| Own Household interactions |  |  |  |
| Travel to or through areas, or via modes of travel, where non-essential travel is restricted |  |  |  |

Once complete, submit with your NOAA for review.

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| Auditor Name: |  | Comments |  |
| Date of Review: |  |
| Approved: |  |