

# 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?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a potential for stored energy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with this job task?	<input type="checkbox"/>	<input type="checkbox"/>
Is the work area clean?	<input type="checkbox"/>	<input type="checkbox"/>
Is there spill potential?	<input type="checkbox"/>	<input type="checkbox"/>
Is weather a factor?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any overhead hazards? i.e. power lines	<input type="checkbox"/>	<input type="checkbox"/>
Are there other workers in the area?	<input type="checkbox"/>	<input type="checkbox"/>
Are you working in a tight or restricted area?	<input type="checkbox"/>	<input type="checkbox"/>
Are you working in an awkward body position?	<input type="checkbox"/>	<input type="checkbox"/>
Is the lift heavy where mechanical assistance is required? i.e. >50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>
Are permits required for the job?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have all the proper tools for the job?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed all of the necessary pre-use inspections? i.e. slings	<input type="checkbox"/>	<input type="checkbox"/>
Can you safely use a tied off ladder or do you need a Manlift?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require fall protection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have all the proper PPE?	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>



Steps you have taken to reduce the risk of the identified hazards:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Print Name(s):	Signature(s):

Additional comments: