



Field Level Hazard Assessment (FLHA) Inspection

DESCRIPTION						
Date Started:	/ / Year Month Date			Date Completed:	/ / Year Month Date	
Main Purpose for the Inspection:						
Employee Name:				Checked By:		
Function Area:				Associated Areas:		
FLHA						
A - Acceptable, NI - Needs Improvement, U - Unacceptable, N/A - Not Applicable						
No.	Item Description	A	NI	U	N/A	Comments
1	Permit has been issued and reviewed with workers before conducting FLHA					
2	FLHA has been conducted based on permitted work scope and observation of work conditions					
3	Safe work plans and practices have been defined and discussed					
4	FLHA form has been completed at the job location					
5	All hazards specific to the tasks have been identified					
6	Identified hazards have been eliminated/mitigated					
7	All workers participated in completing the FLHA					
8	FLHA form has been reviewed, dated and signed by all workers and foreman/crew leader					
9	FLHA has been revisited for any changes in scope or work conditions					
10	Copy of FLHA and supporting documents are available at work site					
11	(add as appropriate)					
12	(add as appropriate)					