**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*) | |  |  |  | |  |  | |