

## FIELD LEVEL RISK ASSESSMENT

Company Name: \_\_\_\_\_

Work to be done:		Date:
Task location:	Muster Point:	Permit Job #:
PPE Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Identify and Prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards.

TASKS	HAZARDS	Priority	PLANS TO ELIMINATE/CONTROL

Has a pre-use inspection of tools/equipment been completed? Yes  No  Warning ribbon needed? Yes  No Is the worker working alone? Yes  No  If Yes, explain: \_\_\_\_\_**Job Completion**

Are all Permit(s) closed out? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there Hazards remaining? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, explain)
Was the area cleaned up at the end of job/shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were there any incidents/injuries? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain

Please print and sign below (All members of the crew) prior to commencing work and initial when task is completed or at the end of the shift.

Worker's Name &amp; Signature (below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foreman's Name & Signature: \_\_\_\_\_  
(sign upon reviewing completed card)

Reviewed by: Name &amp; Signature: \_\_\_\_\_

ALL NAMES AND SIGNATURES MUST BE LEGIBLE.