



## Field Level Risk Assessment (FLRA)--(Daily)

Name: \_\_\_\_\_ Work Site Location : \_\_\_\_\_ Date: \_\_\_\_\_

Additional Workers:

1.	2.
3.	4.
5.	6.

- |  |   |
|--|---|
| Do you know where the First Aid Room is?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
| Do you know who is your immediate First Aid Responder?           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
| Do you know where to locate a Fire Extinguisher?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
| Do you have a Basic First Aid Kit?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
| Do you have a Communication Device (i.e. cell phone, radio, etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
| Do you have a list of Emergency contacts?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
| Do you have your Basic PPE Equipment?                            | <input type="checkbox"/> Hard Hat <input type="checkbox"/> Hi-Vis Vest <input type="checkbox"/> Safety Boots<br><input type="checkbox"/> Safety glasses <input type="checkbox"/> Ear protection |

What type of additional PPE is required for this job? \_\_\_\_\_

Example Of Risk		"PROBABILITY" of happening				
"SEVERITY" of Accident	Very High	Very High	Very High	High	High	High
	High	Very High	High	High	Medium	Medium
	Medium	High	High	Medium	Medium	Low
	Low	High	Medium	Medium	Low	Very Low
	Low	Medium	Low	Low	Very Low	Very Low

### PPE or possible control methods to remedy the Hazards.

<input type="checkbox"/> Access / Egress <input type="checkbox"/> ATV / Snow Machine <input type="checkbox"/> Confined Spaces <input type="checkbox"/> Congestion <input type="checkbox"/> Creek / Water Crossing <input type="checkbox"/> Driving <input type="checkbox"/> Electrical <input type="checkbox"/> Energized Equipment <input type="checkbox"/> Entanglement <input type="checkbox"/> Environmental <input type="checkbox"/> Equipment Backing <input type="checkbox"/> Excessive Vibrations <input type="checkbox"/> Equipment Condition <input type="checkbox"/> Excavation / Trench / Drilling	<input type="checkbox"/> Explosive Gases <input type="checkbox"/> Falling Debris <input type="checkbox"/> Fatigue <input type="checkbox"/> Ground Fault Interrupter (GFI) <input type="checkbox"/> Hazardous Materials (WHMIS) <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Hot work / Torches <input type="checkbox"/> Housekeeping <input type="checkbox"/> Heritage Conservation <input type="checkbox"/> Hydraulic Pressurized tools <input type="checkbox"/> Ignition Sources <input type="checkbox"/> Lack of Oxygen <input type="checkbox"/> Landowner Issues <input type="checkbox"/> Lighting ( of lack of)	<input type="checkbox"/> Manual Lifting <input type="checkbox"/> High amounts of Noise <input type="checkbox"/> Not Properly Trained <input type="checkbox"/> New Young Worker(s) <input type="checkbox"/> Overhead Power Lines <input type="checkbox"/> Pedestrians <input type="checkbox"/> Powered Tools <input type="checkbox"/> Projected Shotcrete <input type="checkbox"/> Pinch Points <input type="checkbox"/> Pits / Ponds <input type="checkbox"/> Radiation <input type="checkbox"/> Rigging <input type="checkbox"/> Scaffolding <input type="checkbox"/> Skin Contact Irritation	<input type="checkbox"/> Slips / Trips / Falls <input type="checkbox"/> Steep slopes / Unstable Ground <input type="checkbox"/> Tensioned Cables <input type="checkbox"/> Toxic Gases <input type="checkbox"/> Traffic / Detour <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Violence <input type="checkbox"/> Working at heights <input type="checkbox"/> Working Alone <input type="checkbox"/> Wet Splashing Materials <input type="checkbox"/> Wildlife / Domestic Animals <input type="checkbox"/> Weather-Related Hazards Other _____ Other _____
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**Any Very High Rating Hazards are to be reported immediatley to a supervisor, and the effected area is to be cleared.**

### Hazard Corrective Action

Type of Work Performed:

Hazard:	Rating: low/med/high	Action or control type performed: (Engineering, Administraion, PPE)
1/		
2/		
3/		
4/		

**Before you begin a new task, Assess your working environment, and exposure to determine appropriate corrective action.**

Management Approval:

Print name:	Signature:
Date:	