

Field Level Hazard Assessment

Hinds Safety Form

 Doc. #:
 HS-14-F-003

 Issue Date:
 05-Mar-2018

 Rev. Date:
 30-Mar-2019

 Rev.#
 01

Date	Con			Name		Task Location					Assembly Area		
Hinds Safety #	HS#		Supe	ervisor		Equipment #					Meeting Point		
Project			Proj	ect #	Permit #				Em		Emergency #	hergency #	
Pre-Job (Checklist	Yes	No	N/A	Close Out Check	list	Yes	No	N/A		I work safe beca	ause	
Proper PPE for task					Work area cleaned up								
PPE inspected prior to use					All tools removed/retur	ned							
SDS reviewed					Permits closed out								
Spill kit & drip tray					Flagging and tags rem	oved							
Fall protection required					No hazards left exposed								
Fall protection plan reviewed					Area locked					Today's	Weather		
Noise in the area					PPE stored properly					Ne	ar Miss Report/Co	omments	
Clear path of travel					Job completed								
High Hazard Work		Yes	No	N/A	Procedure Review	wed	Yes	No	N/A				
Working at Heights					Material Handling								
Confined Space Work					Fall Protection								
Lock Out Tag Out (LOTO)					Mobile Equipment								
Respiratory Protection Required					Confined Space Entry								
Chemical Protection Required					Respiratory Code of Pr	actice							
Supervisor's review						Client Review							
Date		Time	am/pm		Initials Da	ate				Time	am/pm	Initials	
 Reviewed hazards & agree to controls Physical walk through of work area 		Time	me am/pm			Group observed working safe				Time	am/pm	Initials	
		Time		am/pm	Initiale		iderstood hazard assessment			Time	am/pm	Initials	
		Time	am/pm		Initials					Time	am/pm	Initials	
		Client Comments											
Name	Na	me					Signature						



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Describe Task	Potentia	Risk Rank		ol Risk			
Risk Rank: Potential Severity:			ty of occur		Ri	sk Level Table	
Low - First Aid – minor damage			kely to happ		Medium	High	High
Medium - Lost time injury or significant property High - Fatality/permanent disability or major pro				ibly happen ot attended to	Low	Medium	High
All Workers are to review, understand					Low	Low	Medium
Print Name	Signature	Date		Print Name	Signature		Date