



**Field Level Hazard Assessment
Hinds Safety Form**

Doc. #:	HS-14-F-003
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Rev.#	01

Date				Contractor Name				Task Location				Assembly Area							
Hinds Safety #	HS#			Supervisor				Equipment #				Meeting Point							
Project				Project #				Permit #				Emergency #							
Pre-Job Checklist		Yes	No	N/A	Close Out Checklist		Yes	No	N/A	I work safe because									
Proper PPE for task		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work area cleaned up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
PPE inspected prior to use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All tools removed/returned		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
SDS reviewed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permits closed out		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Spill kit & drip tray		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagging and tags removed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Fall protection required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No hazards left exposed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Fall protection plan reviewed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area locked		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Today's Weather									
Noise in the area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE stored properly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Near Miss Report/Comments									
Clear path of travel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job completed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
High Hazard Work		Yes	No	N/A	Procedure Reviewed		Yes	No	N/A										
Working at Heights		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material Handling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Confined Space Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Lock Out Tag Out (LOTO)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Respiratory Protection Required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Chemical Protection Required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Code of Practice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Supervisor's review						Client Review													
Date				Time	am/pm	Initials				Date				Time	am/pm	Initials			
<input type="checkbox"/> Reviewed hazards & agree to controls <input type="checkbox"/> Physical walk through of work area		Time				Initials				<input type="checkbox"/> Group observed working safe <input type="checkbox"/> Group understood hazard assessment		Time				Initials			
		Time				Initials						Time				Initials			
		Time				Initials						Time				Initials			
		Time				Initials						Time				Initials			
Supervisor's Comments						Client Comments													
Name				Signature				Name				Signature							

