

**Field Level
Hazard Assessment**



Date:	
Worker or Crew:	
Work to be done:	
Task location:	
Emergency meeting location/contact or work alone details:	

Consider the following hazards:

- | | | |
|----------------------|--------------------------|----------------------------|
| 1. Equipment | 8. Fire or Explosion | 16. Violence or Harassment |
| 2. Biosecurity | 9. Confined Spaces | 17. Water/lagoons |
| 3. Livestock/animals | 10. Uneven work surfaces | 18. Travel/commute |
| 4. Powerlines | 11. Human interactions | 19. Elevated work surfaces |
| 5. Rotating parts | 13. Weather | 20. Children at play |
| 6. Loud noises | 14. Distraction | 21. Bacteria, waste |
| 7. Chemicals | 15. Other | 22. Other |

Complete on reverse.

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Item #:	HAZARDS (list both health and safety hazards, consider surrounding area)	ELMINATE/CONTROL PLAN (list the controls for each hazard: Eliminate, Engineering, Administrative, Personal Protective Equipment)

Print and sign below (include all persons affected)

Name:	Signature

Repeat as often as necessary to account for hazards

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