

Date:

Crew:

WO# or Area:

Complete the following

	YES	NO	N/A
Have you reviewed relevant SOPs/job plans/TSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review the rescue/emergency plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the evacuation route? Emergency shelters? Muster points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you communicated with other workers and work groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all eyewash stations, emergency showers, fire extinguishers tested (if needed) and easily available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life-Saving Rules



Stored Energy



Potentially Hazardous Work



Confined Space



Working at Heights



Barricading



Mobile Equipment Safety



Hoisting and Lifting



Driving Operations



Critical Safety Devices

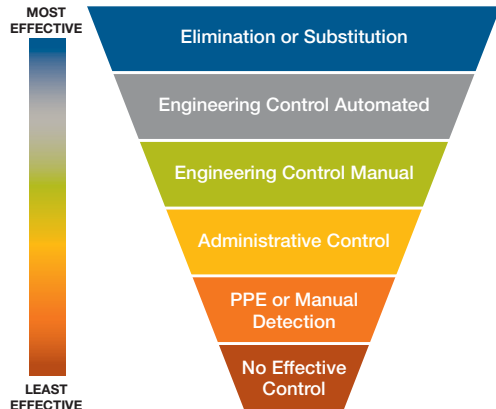
Describe the job:

Permits Required?

Hazards & Controls

COMMON HAZARDS		COMMON CONTROLS	
<input type="checkbox"/> Stored energy (electrical, mechanical, heat, etc)	→	<input type="checkbox"/> Lockout all sources of energy <input type="checkbox"/> Personal lock clearly labeled	<input type="checkbox"/> If lockbox LOTO, tags in place and independently verified
<input type="checkbox"/> Potentially hazardous work	→	<input type="checkbox"/> Permit Completed <input type="checkbox"/> Lines isolated and purged prior to line break	<input type="checkbox"/> Sides are protected by slopes or trench boxes if trenching
<input type="checkbox"/> Confined space	→	<input type="checkbox"/> Space is clear from overhead hazards before entering <input type="checkbox"/> Everyone is trained	<input type="checkbox"/> Gas monitoring equipment is available <input type="checkbox"/> Rescue plan is reviewed
<input type="checkbox"/> Working at heights	→	<input type="checkbox"/> Inspect fall protection <input type="checkbox"/> Swing fall radius calculated	<input type="checkbox"/> Tie off to a proper anchor point
<input type="checkbox"/> Barricading	→	<input type="checkbox"/> Aware of all barricading in area	<input type="checkbox"/> Barricade/tag appropriate for hazard
<input type="checkbox"/> Interaction with mobile equipment	→	<input type="checkbox"/> Complete pre-use checklist <input type="checkbox"/> Spotter	<input type="checkbox"/> Training complete for type of equipment
<input type="checkbox"/> Hoisting and lifting	→	<input type="checkbox"/> Barricades in place <input type="checkbox"/> Check area for overhead hazards	<input type="checkbox"/> Lift plan completed <input type="checkbox"/> Equipment inspected before use
<input type="checkbox"/> Driving operations	→	<input type="checkbox"/> Pre-use checklist complete <input type="checkbox"/> License on operator <input type="checkbox"/> Aware of speed limit	<input type="checkbox"/> Seatbelt in use <input type="checkbox"/> Hands free device for cell phone
<input type="checkbox"/> Critical safety devices	→	<input type="checkbox"/> Critical safety device permit complete <input type="checkbox"/> Additional safeguards in place	<input type="checkbox"/> Tag hung at location
<input type="checkbox"/> Pinch points	→	<input type="checkbox"/> Use a tool barricade/guarding	<input type="checkbox"/> Use gloves specific to task
<input type="checkbox"/> Sharp objects	→	<input type="checkbox"/> Cover object	<input type="checkbox"/> Cut resistant PPE
<input type="checkbox"/> Sparks, slag and heat from hot work	→	<input type="checkbox"/> Remove flammables from 35 ft. and combustibles from 50 ft. (if elevated)	<input type="checkbox"/> Fire watch/extinguisher present
<input type="checkbox"/> WWS	→	<input type="checkbox"/> Housekeeping of area	<input type="checkbox"/> Eyes on path
<input type="checkbox"/> Potential for spill or leak	→	<input type="checkbox"/> Containment in place and appropriately sized <input type="checkbox"/> Supervisor notification	<input type="checkbox"/> Manage waste (dispose properly)
<input type="checkbox"/> Working near water	→	<input type="checkbox"/> Everyone is appropriately trained	<input type="checkbox"/> Water safety tools and PPE available for use
<input type="checkbox"/> Heat safety	→	<input type="checkbox"/> Drink water before and during	<input type="checkbox"/> Take frequent breaks
<input type="checkbox"/> Rushing/fatigue/frustrated	→	<input type="checkbox"/> Keep mind on task	<input type="checkbox"/> Take frequent breaks

Hierarchy of Controls (HOC)



While completing the task, were any new hazards discovered? If yes, list the hazards and controls.

List all additional hazards:

List all additional controls:

Concentrates-Specific Questions

If you or any member of this FLHA answers no to the following questions, stop and notify a member of management.

	YES	N/A
For routine tasks, all pre-op checks have been completed and common risks and controls have been discussed to prevent complacency?	<input type="checkbox"/>	<input type="checkbox"/>
Area has been surveyed for wildlife (wasps, bees, alligators, snakes, etc.) and if present, removed or addressed?	<input type="checkbox"/>	<input type="checkbox"/>
All work permits evaluated and obtained if required (safe work, confined space, MEHVOL, trenching, water safety, vehicle recovery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Area has been evaluated for WWS, housekeeping, ground control, or overhead/falling object hazards and adequate controls have been implemented?	<input type="checkbox"/>	<input type="checkbox"/>
All members of work team are focused, free of distractions, and in the right frame of mind to complete the task safely, if not, stop and re-evaluate?	<input type="checkbox"/>	<input type="checkbox"/>
All workgroup members commit to looking out for themselves and their co-workers to ensure everyone goes home unharmed to their family today?	<input type="checkbox"/>	<input type="checkbox"/>

All people working on this job and present for this risk assessment, please sign here:

X _____ X _____ X _____ X _____

X _____ X _____ X _____ X _____



Supervisor Quality Review

Has crew/worker supervisor visited the work area? YES ☐ NO ☐

Date: _____

Site: _____

Department:
(Production/Maintenance/Contractor)

Contractor Name: _____

Crew Name: _____

Excellent SCORE: 3 All hazards and controls were appropriately identified and readily available. Controls listed were effective.	Improvement opportunity SCORE: 2 One hazard and/or control was not identified, readily available, or not effective.
Does not meet expectations SCORE: 1 Two or more hazards, and/or controls were not identified, readily available or not effective.	No FLHA has been completed SCORE: 0 The job was stopped immediately until a FLHA was completed. Mosaic Leader was informed.

Supervisor Signature: _____

Assessment
Score: _____