

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"/> |

**The  
Cardinal  
Rules**

 Lockout/  
Tagout

 Working  
from Heights

 Confined  
Space

 Underground  
Ground Control


Barricading


 Mobile  
Equipment  
Safety

 Hoisting and  
Lifting

 Trenching/  
Excavation

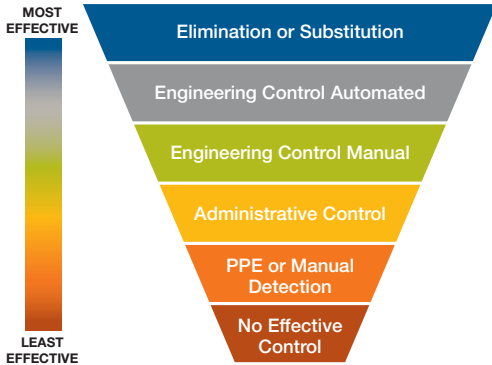

Explosives

**Describe the job:**
**Permits Required?**

 YES NO  
☐ ☐
**Hazards & Controls**

| COMMON HAZARDS   |   | COMMON CONTROLS   |  |
|--|---|---|--|
| <input type="checkbox"/> Lockout/Tagout                      | → | <input type="checkbox"/> Lockout all sources of energy<br><input type="checkbox"/> Personal lock clearly labeled              | <input type="checkbox"/> If lockbox LOTO, tags in place and independently verified.                                |
| <input type="checkbox"/> Working from heights                | → | <input type="checkbox"/> Inspect fall protection<br><input type="checkbox"/> Swing fall radius calculated                     | <input type="checkbox"/> Tie off to a proper anchor point  |
| <input type="checkbox"/> Confined space                      | → | <input type="checkbox"/> Space is clear from overhead hazards before entering<br><input type="checkbox"/> Everyone is trained | <input type="checkbox"/> Gas monitoring equipment is available<br><input type="checkbox"/> Rescue plan is reviewed |
| <input type="checkbox"/> Underground ground control          | → | <input type="checkbox"/> Checked the ground conditions in the area  | <input type="checkbox"/> Scale loose or cusps down if you can  |
| <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<br><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<br><input type="checkbox"/> Check area for overhead hazards                      | <input type="checkbox"/> Lift plan completed<br><input type="checkbox"/> Equipment inspected before use            |
| <input type="checkbox"/> Trenching/excavation                | → | <input type="checkbox"/> Line locates complete<br><input type="checkbox"/> Trench identified/barricaded                       | <input type="checkbox"/> Permit completed  |
| <input type="checkbox"/> Explosives                          | → | <input type="checkbox"/> Everyone trained<br><input type="checkbox"/> Supervisor/area owner notified                          | <input type="checkbox"/> Watchperson in place<br><input type="checkbox"/> Area barricaded                          |
| <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<br><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:

## Carlsbad-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 and workplace exams have been completed and common risks and controls have been discussed to prevent complacency? | <input type="checkbox"/> | <input type="checkbox"/> |
| If LOTO required, everyone signed onto the FLHA/SLAM has verified all LOTO sources?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electrical cables out of the line of fire or protected?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Area has been evaluated for 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 or call a TOFS?                 | <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"/> |

## Workplace Exam

Name of competent person conducting workplace exam (required):

List and describe any adverse conditions:

List and date any corrective actions taken to prevent injury:



By printing your name below, you agree the hazards are identified and controlled.

x
 

LOTO
 ☐

x
 

LOTO
 ☐

x
 

LOTO
 ☐

x
 

LOTO
 ☐

## Supervisor Quality Review

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

Date:

Site:

Department: (Production/Maintenance/Contractor)

Contractor Name:

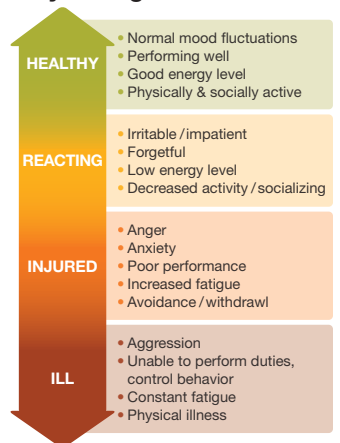
Crew Name:

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

Supervisor Signature:

Assessment  
Score:

## Protect Your Psychological Health



**LYRA HEALTH**  
(844) 477-5174  
mosaic.lyrahealth.com