

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

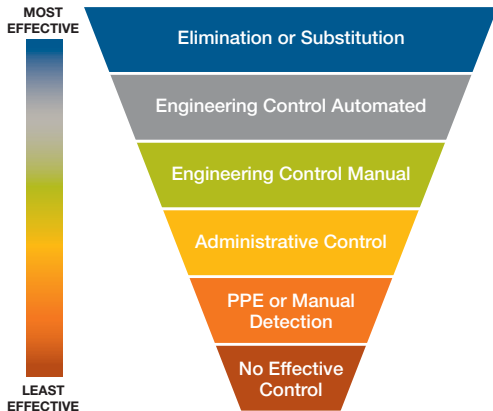

Explosives

**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 <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 <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 <input type="checkbox"/> Everyone is trained	<input type="checkbox"/> Gas monitoring equipment is available <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 <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"/> Trenching/excavation	→	<input type="checkbox"/> Line locates complete <input type="checkbox"/> Trench identified/barricaded	<input type="checkbox"/> Permit completed
<input type="checkbox"/> Explosives	→	<input type="checkbox"/> Everyone trained <input type="checkbox"/> Supervisor/area owner notified	<input type="checkbox"/> Watchperson in place <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 <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:

## Esterhazy & Colonsay-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
Is there loose, cusps, or drummy ground? Flagged/barricaded properly?	<input type="checkbox"/>	<input type="checkbox"/>
Scale loose or cusps down (if possible).	<input type="checkbox"/>	<input type="checkbox"/>
Notify supervisor if loose scale or cusps are scaled down.	<input type="checkbox"/>	<input type="checkbox"/>
Are cables out of the line of fire or protected?	<input type="checkbox"/>	<input type="checkbox"/>
If working around water, is your supervisors notified that you are entering TMA? Do you have TMA orientation?	<input type="checkbox"/>	<input type="checkbox"/>

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

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:

<b>Excellent</b> SCORE: <b>3</b> All hazards and controls were appropriately identified and readily available. Controls listed were effective.	<b>Improvement opportunity</b> SCORE: <b>2</b> One hazard and/or control was not identified, readily available, or not effective.
<b>Does not meet expectations</b> SCORE: <b>1</b> 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> The job was stopped immediately until a FLHA was completed. Mosaic Leader was informed.

Supervisor Signature: \_\_\_\_\_

Assessment Score: \_\_\_\_\_