

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

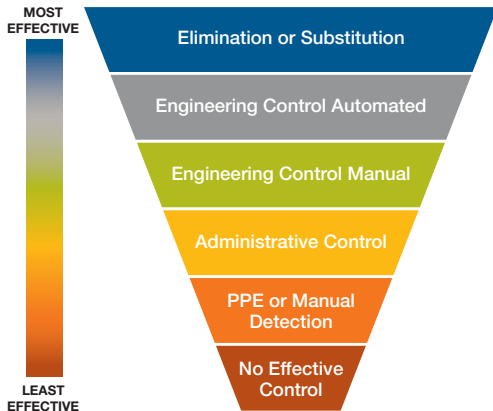

Explosives

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:

Belle Plaine-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 |
|---|--------------------------|--------------------------|
| Are you performing 20-20-20 hazard re- assessments? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, what new hazards have been identified? | <input type="checkbox"/> | <input type="checkbox"/> |
| What controls have been put in place for the new hazards identified in your work area? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you performed an Environmental hazard assessment? (Spill potential? Disposal plan? Wildlife concerns?) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you working around water? Have you received the proper training? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you working on the TMA? Have you received TMA orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you working in Loadout? Have you received Loadout 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

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: