

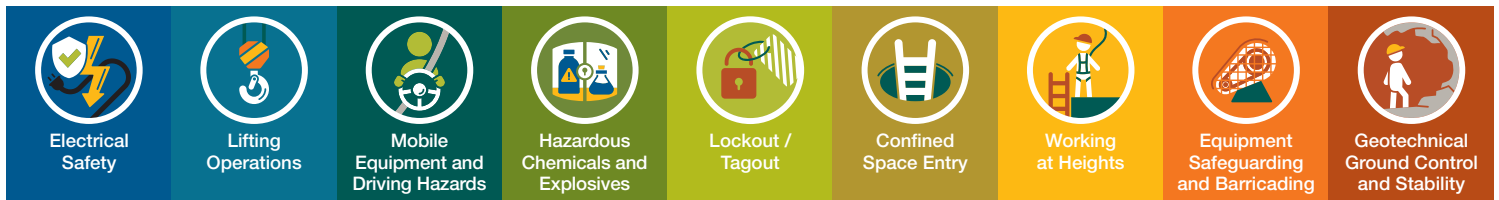
Date:

Crew:

WO# or Area:

Complete the following

	YES	NO	N/A
Have you reviewed relevant Standard Operating Procedures (SOPs)/job plans/Task Safety Analysis/Qual Cards?	<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"/>

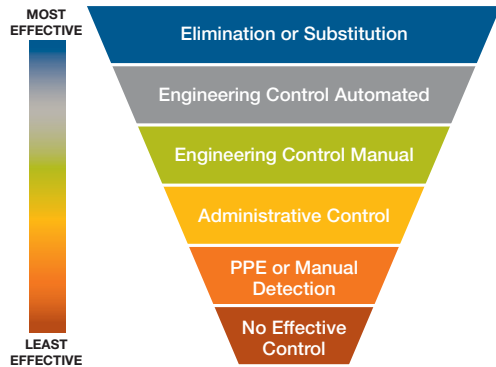
Life Saving Rules

Describe the job:
Permits Required?

YES NO

☐ ☐
Hazards & Controls

COMMON HAZARDS	COMMON CONTROLS
Lockout / Tagout (LOTO) →	<input type="checkbox"/> Lockout all sources of energy <input type="checkbox"/> Personal lock in place prior to starting work <input type="checkbox"/> Tags in place and independently verified <input type="checkbox"/> Zero energy test complete
Electrical Safety →	<input type="checkbox"/> Authorization obtained <input type="checkbox"/> No wet conditions present <input type="checkbox"/> No work on live equipment without authorization <input type="checkbox"/> Partner if accessing a high voltage area
Confined Space Entry →	<input type="checkbox"/> Space is clear from overhead hazards before entering <input type="checkbox"/> Everyone is trained and authorized <input type="checkbox"/> Gas monitoring equipment is available <input type="checkbox"/> Rescue plan is reviewed
Working at Heights →	<input type="checkbox"/> Inspect fall protection <input type="checkbox"/> Swing fall radius adequate <input type="checkbox"/> Tie off to a proper anchor point <input type="checkbox"/> Maintain 100% tie off
Equipment Safeguarding and Barricading →	<input type="checkbox"/> All barricades and guards in place and secured <input type="checkbox"/> Aware of all barricading in area <input type="checkbox"/> Barricade/tag appropriate for hazard <input type="checkbox"/> Authorization obtained if required
Mobile Equipment and Driving Hazards →	<input type="checkbox"/> Complete pre-use checklist <input type="checkbox"/> Distracted driving controls in place and utilized <input type="checkbox"/> Training complete for type of equipment <input type="checkbox"/> Seatbelts are worn and properly secured
Lifting Operations →	<input type="checkbox"/> Potential for contact with electrical has been controlled <input type="checkbox"/> Area appropriately barricaded <input type="checkbox"/> Ensure capacity of machine and lifting devices appropriate for load prior to lift <input type="checkbox"/> Equipment inspected before use
Geotechnical/Engulfment →	<input type="checkbox"/> Prior to work checklist complete. Permit complete (if applicable) <input type="checkbox"/> Identified buried utilities and pipelines <input type="checkbox"/> Adequate ventilation <input type="checkbox"/> Ground conditions inspected and stabilized prior to work
Usage of Hazardous Chemicals and Explosives →	<input type="checkbox"/> PPE appropriate for chemical in use, PPE not damaged <input type="checkbox"/> Additional safeguards in place <input type="checkbox"/> Safety data sheet reviewed and available <input type="checkbox"/> Applicable regulations followed for storage, transport, and use of explosives
Pinch points →	<input type="checkbox"/> Use a tool barricade/guarding <input type="checkbox"/> Use gloves specific to task
Sharp objects →	<input type="checkbox"/> Cover object <input type="checkbox"/> Cut resistant PPE
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
Walking working surfaces →	<input type="checkbox"/> Housekeeping of area <input type="checkbox"/> Eyes on path
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)
Working near water →	<input type="checkbox"/> Everyone is appropriately trained <input type="checkbox"/> Water safety tools and PPE available for use
Heat safety →	<input type="checkbox"/> Drink water before and during <input type="checkbox"/> Take frequent breaks
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:

Florida Mining-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"/>
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"/>

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:

Supervisor Quality Review

Reviewed digitally? YES ☐ NO ☐

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

Date:	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.	X
Site:			X
Department: (Production/Maintenance/Contractor)			X
			X
Contractor Name:	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.	X
Crew Name:			X
Supervisor Signature:		Assessment Score:	



SCAN HERE FOR
QUALITY REVIEW