



FIELD LEVEL HAZARD ASSESSMENT (FLHA) FORM

Created by the GNCTR 2027 Organizing Committee. To be completed by Participating Teams.

Date: _____ Name: _____ Site Location: _____ Work Area: _____

Weather						Emergency Contact Information					
Temperature:			Emergency Contact Name:			First Aid Kit Location:					
Wind:			Emergency Contact Phone #:			Fire Extinguisher Location:					
Precipitation:			Primary Communication Method:			Eye Wash Location:					
Supporting Documentation				Pre-Job Checklist							
Lock Out Tag Out (LOTO)		YES / NO		Are we working on the right component?				YES / NO			
Job Hazard Analysis (JHA)		YES / NO		Are we competently trained for the task?				YES / NO			
Standard Operating Procedure (SOP)		YES / NO		Do we have all the correct tools required?				YES / NO			
Confined Space Permit		YES / NO		Do we have all the required materials?				YES / NO			
Hot Work Permit		YES / NO									
Potential Hazards											
Human Factors				Environmental Hazards				Tool Hazards			
Distracted		YES / NO		Excessive Heat / Heat Stress		YES / NO		Excessive Loud Noises		YES / NO	
Rushing		YES / NO		Excessive Cold / Hypothermia		YES / NO		Rotating Tools		YES / NO	
Frustrated		YES / NO		Wildlife Encounters		YES / NO		Cutting Tools		YES / NO	
Complacent		YES / NO		Spills Into Sensitive Area		YES / NO		Dust / Vapours / Fumes		YES / NO	
Work Scope Understood		YES / NO		Slippery Conditions / Snow / Ice		YES / NO		Hazardous Chemicals		YES / NO	
		YES / NO		Poor Lighting / Visibility		YES / NO		GFCI Protected Power Tools		YES / NO	
Ergonomic Hazards				Job Site Hazards				Equipment Hazards			
Heavy Manual Lifting		YES / NO		Other Crews Working in Area		YES / NO		Clear Communication / Spotter		YES / NO	
Repetitive Motion		YES / NO		Energized or Pressurized Equipment		YES / NO		Unobstructed View of Area		YES / NO	
Awkward Body Position		YES / NO		Hot Surfaces / Steam / Extreme Cold		YES / NO		Aerial Work Platform		YES / NO	
Pinch Points		YES / NO		Dropped Objects / Overhead Work		YES / NO		Crane or Other Lifting Equipment		YES / NO	
Crush Points		YES / NO		Interactions with the Public		YES / NO		Overhead Lines		YES / NO	
Uneven / Elevated Work Surface		YES / NO				YES / NO		Steep Grades		YES / NO	



FIELD LEVEL HAZARD ASSESSMENT (FLHA) FORM

Created by the GNCTR 2027 Organizing Committee. To be completed by Participating Teams.

List all tasks that are planned for the work shift, any hazards that arise from these tasks, and the implemented control measures to mitigate these hazards

Job Tasks			Specific Hazards			Control Measures		

Worker Acknowledgment

The names of workers involved in these tasks must understand and agree to hazards and mitigations above.

Name		Signature		Name		Signature	
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

Incident and Hazard Status

Did any incidents occur during shift?	YES / NO	Are tools and materials stored securely?	YES / NO	List remaining hazards:
Who were incidents reported to:		Are there any hazards left at the job site?	YES / NO	

Foreman Signatures

Foreman Name		Signature (Start of Shift)		Foreman Name		Signature (End of Shift)	

Audit Information

Audit of FLHA	Auditor Name:	Needs Improvement / Good / Excellent
---------------	---------------	--------------------------------------

Final Review