

FIELD LEVEL RISK ASSESSMENT FORM (FLRA) (Form A-04)

Page 1 of 2

Project: _____ Project #: _____ Start Date dd / mm / yy
 Client: _____ Finish Date dd / mm / yy
 FLRA Prepared By: _____ Location: _____

Brief Description of Work: _____

To be FULLY completed for all site activities. This assessment may cover multiple dates, to a maximum of 2 weeks; however reassessment (filling out a new FLRA) is required whenever a change in conditions on the job site occurs.

THE FOLLOWING HIGH RISK ACTIVITIES REQUIRE THE COMPLETION OF FORM A-18 ("HIGH RISK ASSESSMENT FORM")
Additional permits/documentation may be required- contact the CBCL H&S Coordinator.

- | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Working on/over Water (Work involving watercraft) |
| <input type="checkbox"/> Working at Height greater than 3 m (requiring Fall Arrest Systems) | <input type="checkbox"/> Working On or Near Live/Unprotected Electrical Equipment (o/h supplies/bus bars/open panels) |
| <input type="checkbox"/> Working in close Proximity to Live (Road)Traffic | <input type="checkbox"/> Working in Remote Locations |
| <input type="checkbox"/> Mandatory Respirator Usage | <input type="checkbox"/> Entering Trenches/Excavations greater than 1.2 m in depth. |
| <input type="checkbox"/> Commissioning | <input type="checkbox"/> Explosive environments (areas requiring non sparking tools, explosion proof/intrinsically safe equipment) |
| <input type="checkbox"/> Other (Specify): _____ | |

IDENTIFICATION OF HAZARDS

Chemical/Biological Hazards

- ☐ Flammable Materials
- ☐ Combustible Materials
- ☐ Compressed Gases
- ☐ Reactive or Corrosive Materials
- ☐ Dust/Particulates
- ☐ PCBs
- ☐ Asbestos (during sampling or demolition)
- ☐ Mould/Fungus
- ☐ Bacterial/Viruses
- ☐ Wildlife Encounters
- ☐ Vegetation/Insects
- ☐ Blood – Borne Pathogens
- ☐ Other: _____

Physical/Ergonomic Hazards

- ☐ Working with Tools
- ☐ Working Alone
- ☐ Exposure to High Noise Levels
- ☐ Temperatures Extremes (Thermal Stress)
- ☐ Uneven Ground (Slip/Trip Hazard)

IDENTIFICATION OF HAZARDS

Physical/Ergonomic Hazards (Continued)

- ☐ Potential release of energy (hydraulic/mechanical)
- ☐ Equipment pinch points
- ☐ Working from ladders or platforms (less than 3m)
- ☐ Working from elevated mobile lift equipment
- ☐ Proximity to equipment with exposed moving parts
- ☐ Proximity to mobile equipment (construction sites)
- ☐ UV radiation (UV Index of 6 or higher)
- ☐ Buried Utilities
- ☐ Material storage (materials stacked too high/unstable)
- ☐ Material handling (heavy or awkward lifts)
- ☐ Congested work area (poor housekeeping)
- ☐ Potential of falling overhead objects
- ☐ Limited access or egress
- ☐ Operating motor vehicles (including off-road vehicles)
- ☐ Inadequate lighting (too much or too little)
- ☐ Potential engulfment /entrapment
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

HAZARD CONTROL MEASURES (for hazards not deemed "High Risk")	
HAZARD	METHOD OF CONTROL

PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS	
<input type="checkbox"/> CSA Approved Hard Hat	<input type="checkbox"/> Body Protection (chemical resistance/Nomex coveralls)
<input type="checkbox"/> CSA Approved Safety Glasses	<input type="checkbox"/> Fall Arrest System*
<input type="checkbox"/> CSA Approved Safety Boots	<input type="checkbox"/> High Visibility Clothing
<input type="checkbox"/> Hearing Protection (plugs, ear muffs, etc.)	<input type="checkbox"/> Respiratory Protection *
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Other:
*use of such PPE requires additional assessment and documentation. Contact the CBCL H&S Coordinator	

OTHER EQUIPMENT / SERVICE REQUIREMENTS	
<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Eye Wash	<input type="checkbox"/> MSDSs/WHMIS Labels
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Site Control Barricades
<input type="checkbox"/> Communication Systems	<input type="checkbox"/> Other:

APPLICABLE SAFE WORK PROCEDURES / JOB PROCEDURES		
PROCEDURE #	NAME/DESCRIPTION	REVIEWED? (Y/N)

EMPLOYEE ACKNOWLEDGEMENT (Signature acknowledges a review of the hazards of this task)	
PRINT NAME	SIGNATURE

For additional information, contact Conrad LeLievre (H&S Coordinator): (902) 421-7241 (Ext: 2515)