

Company: _____

Form SF-02

Rev. 2026-10

FIELD LEVEL HAZARD ASSESSMENT

Fill in on site before the task starts. Do it again when the job or the conditions change.

DATE	TIME	JOB NO. / SITE	LOCATION ON SITE
SUPERVISOR	CREW LEAD	EMERGENCY MUSTER POINT	FIRST AID KIT LOCATION

TASK STEPS, HAZARDS AND CONTROLS Risk: L = low, M = medium, H = high. Rate after controls are in place.

#	TASK STEP	HAZARDS	CONTROLS	RISK L/M/H
1				
2				
3				
4				
5				
6				

Any step still rated H: stop and talk to the supervisor before work starts.

PPE REQUIRED

- | | | | |
|--------------------------------------|---|---|---------------------------------------|
| ☐ Hard hat | ☐ Safety glasses | ☐ High-visibility vest | ☐ Safety boots |
| ☐ Gloves | ☐ Hearing protection | ☐ Fall protection | ☐ Respirator |
| ☐ Face shield | ☐ Cold weather gear | ☐ Other: | ☐ Other: |

WORK AREA INSPECTED

CHECK	YES	NO	N/A
Access and exits clear			
Housekeeping done, slips and trips removed			
Overhead hazards checked (power lines, loads)			
Underground locates checked and marked, ticket no. _____			
Hand dig within 600 mm of a marked line			
Tools and equipment inspected			
Weather and ground conditions checked			
Crew knows the emergency plan and muster point			
Other trades or the public nearby, area marked off			

RE-ASSESSED When the job or the conditions change, review the steps above and record it here.

TIME	WHAT CHANGED	NEW HAZARDS AND CONTROLS	INITIALS

CREW REVIEW By signing, you confirm you reviewed this assessment.

NAME (PRINT)	SIGNATURE	NAME (PRINT)	SIGNATURE

CREW LEAD (NAME AND SIGNATURE)_____
SUPERVISOR REVIEWED (NAME AND SIGNATURE)_____
DATE