

FIELD LEVEL HAZARD ASSESSMENT

Date:
Worker or Crew:
Work To Be Done:
Task Location:
Emergency Meeting Location/Contact or Work Alone Details:

Consider the following hazards:

- Equipment
- Fire or Explosion
- Violence or Harassment
- Biosecurity
- Confined Spaces
- Water/lagoons
- Livestock/animals
- Rotating parts
- Uneven work surfaces
- Travel/commute
- Powerlines
- Human interactions
- Elevated work surfaces
- Weather
- Children at play
- Loud noises
- Distraction
- Bacteria, waste
- Chemicals
- Other



Ensure reverse side is completed

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FARM NAME:

2.4

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ITEM #	HAZARDS (list both health and safety hazards, consider surrounding area)	ELMINATE/ CONTROL PLAN (list the controls for each hazard: Eliminate, Engineering, Administrative, Personal Protective Equipment)

Print and sign below (include all persons affected)

NAME	SIGNATURE

Repeat as often as necessary to account for hazards

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