

FARM NAME:

# FIELD LEVEL HAZARD ASSESSMENT

Date of Assessment:
Worker or crew:
Work to be done:
Task location:
Emergency meeting location/contact or work alone details:

## Consider the following hazards:

- |                         |   |                            |
|-------------------------|---|----------------------------|
| 1. Equipment movement   | 8. Fire or explosion                      | 14. Violence/harassment    |
| 2. Biosecurity concerns | 9. Confined Spaces                        | 15. Water bodies/lagoons   |
| 3. Livestock/animals    | 10. Uneven/slippy work surfaces or slopes | 16. Travel/commute         |
| 4. Overhead powerlines  | 11. Human interactions                    | 17. Elevated work surfaces |
| 5. Rotating equipment   | 12. Weather                               | 18. Children at play       |
| 6. Loud noises          | 13. Distraction                           | 19. Bacteria, mould, waste |
| 7. Chemicals            |   | 20. Other                  |

## Other safety concerns or notes:

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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 newly introduced or changing hazards.

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 Supervisor Name

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 Signature

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 Date Completed