

Template: Field Level Risk Assessment

Field level tasks are to be assessed for risk by the employee prior to conducting work. It is understood that WSNs number one hazard is driving, and controls have been implemented to mitigate the risks associated with this hazard. This hazard is also a part of our normal duties and is considered routine.

Please complete this form no more than 24 hours prior to field work. Check off the hazard categories you will be exposed to, the related hazards and the corresponding control details. If there is a hazard that is unmanageable, contact your supervisor.

Name:	
Today's Date:	
Project Date:	


Likelihood	Consequence					Risk Ranking		
	Catastrophic	Major	Moderate	Minor	Insignificant			
	5	4	3	2	1	20-25	Very High Risk	
Almost Certain	5	25	20	15	10	5	15-16	High Risk
Likely	4	20	16	12	8	4	10-12	Moderate Risk
Moderate	3	15	12	9	6	3	5-8	Low Risk
Unlikely	2	10	8	6	4	2	1-4	Insignificant
Rare	1	5	4	3	2	1		

1	Field Level Risk Assessment is being completed for the following project/work including location.						
2	Type of Project						
	<input type="checkbox"/> Training <input type="checkbox"/> Consulting <input type="checkbox"/> Other _____						
3	Driving Hazards						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Identify the specific Driving Hazards you will be exposed to and their relevant level of risk considering all controls in place.						
		Insignificant	Low	Mod	High R	Very High	N/A
	1. Adverse Road Conditions/off road						
	2. Rental Vehicle/Unfamiliar						
	3. Heavy Equipment Traffic						
	4. Recreational Vehicle Activity						
	5. Towing Trailer/Equipment						

	6. Wild Animal Crossing						
	7. Other _____						
	As it relates to the Driving Hazards you will be exposed to, please identify the controls you will implement to reduce the associated level of risk. Please identify the hazard identification number the control listed relates to.						
4.	Musculoskeletal Hazards						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Identify the specific Musculoskeletal Hazards you will be exposed to and their relevant level of risk considering all controls in place.						
		Insignificant	Low	Mod	High R	Very High	N/A
	8. Awkward Body Position						
	9. Over Extension						
	10. Heavy, Repetitive Lifting/Carrying						
	11. Working Above your Shoulders						
	12. Using Vibrating/Impact Equipment						
	13. Prolonged Position (twisting/driving)						
	14. Other _____						
	As it relates to Musculoskeletal Hazards you will be exposed to, please identify the controls you will implement to reduce the associated level of risk. Please identify the hazard identification number the control listed relates to.						
5.	Health, Hygiene and Chemical Hazards						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Identify the specific Health, Hygiene and Chemical Hazards you will be exposed to and their relevant level of risk considering all controls in place.						
		Insignificant	Low	Mod	High R	Very High	N/A
	15. Dust/Mist/Fumes						
	16. Noise in Area						
	17. Chemical Substances						
	18. Gas Contaminants						
	19. Biohazards						
	20. Personal Medical Conditions						
	21. Flammables/Explosives						
	22. Compressed Gas						
	23. Radioactive Substances						
	24. Other _____						

<p>As it relates to the Health, Hygiene and Chemical Hazards you will be exposed to, please identify the controls you will implement to reduce the associated level of risk. Please identify the hazard identification number the control listed relates to.</p>						
<p> </p>						
<p>6. Site/Environmental Conditions</p>						
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Identify the specific Site/Environmental Conditions you will be exposed to and their relevant level of risk considering all controls in place.</p>						
	Insignificant	Low	Mod	High R	Very High	N/A
25. Slips, Trips, or Falls						
26. Confined/Restricted Spaces						
27. Fall from Height						
28. Powered Equipment or Tools						
29. Fire Hazard						
30. Working in isolation/alone						
31. Working Around Mobile Equipment						
32. Disturbance of Air, Water, Land Habitat, Living Species or Natural Resources						
33. Other _____						
<p>As it relates to the Site/Environmental Conditions you will be exposed to, please identify the controls you will implement to reduce the associated level of risk. Please identify the hazard identification number the control listed relates to.</p>						
<p> </p>						
<p>7. General Hazards</p>						
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>Identify the General Hazards you will be exposed to and their relevant level of risk considering all controls in place.</p>						
	Insignificant	Low	Mod	High R	Very High	N/A
34. Emergency Situation						
35. Inadequate/Insufficient Equipment						
36. Communication Equipment						
37. Potentially Violent/Stressful Situations						
38. Other _____						
<p>As it relates to the General Hazards you will be exposed to, please identify the controls you will implement to reduce the associated level of risk. Please identify the hazard identification number the control listed relates to.</p>						

8.	Personnel Hazards						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Identify the Personnel Hazards you will be exposed to and their relevant level of risk considering all controls in place.						
		Insignificant	Low	Mod	High R	Very High	N/A
	39. New to Equipment						
	40. Working at a new site						
	41. Communication (interpersonal/barriers)						
	42. New/inexperienced						
	43. Hostile Individuals						
	44. Alcohol or Drugs Identified						
	45. Physical Fitness (ability/strength)						
	46. Mental Fitness (fatigue, alertness)						
	47. Psychosocial Hazards (stress, violence, mental health etc.)						
	48. Other _____						
	As it relates to the Personnel Hazards you will be exposed to, please identify the controls you will implement to reduce the associated level of risk. Please identify the hazard identification number the control listed relates to.						
9.	My Mental Health is essential to my overall wellbeing and it's okay to not be okay. Please use the MH Continuum to self-check your current state and see corresponding actions to help ensure a 'healthy state'. You are encouraged to speak to your supervisor for assistance.						

		HEALTHY	REACTING	INJURED	ILL		
							
Signs and Indicators							
		<ul style="list-style-type: none"> • Normal mood fluctuations • Calm/confident • Good sense of humour • Takes things in stride • Can concentrate/focus • Consistent performance • Normal sleep patterns • Energetic, physically well, stable weight • Physically and socially active • Performing well • Limited alcohol consumption, no binge drinking • Limited/no addictive behaviours • No trouble/impact due to substance use 	<ul style="list-style-type: none"> • Nervousness, irritability • Sadness, overwhelmed • Displaced sarcasm • Distracted, loss of focus • Intrusive thoughts • Trouble sleeping, low energy • Changes in eating patterns, some weight gain/loss • Decreased social activity • Procrastination • Regular to frequent alcohol consumption, limited binge drinking • Some to regular addictive behaviours • Limited to some trouble/impact due to substance use 	<ul style="list-style-type: none"> • Anxiety, anger, pervasive sadness, hopelessness • Negative attitude • Recurrent intrusive thoughts/images • Difficulty concentrating • Restless, disturbed sleep • Increased fatigue, aches and pain • Fluctuations in weight • Avoidance, tardiness, decreased performance • Frequent alcohol consumption, binge drinking • Struggle to control addictive behaviours • Increase trouble/impact due to substance use 	<ul style="list-style-type: none"> • Excessive anxiety, panic attacks, easily enraged, aggressive • Depressed mood, numb • Non compliant • Cannot concentrate, loss of cognitive ability • Suicidal thoughts/intent • Cannot fall asleep/stay asleep • Constant fatigue, illness • Extreme weight fluctuations • Withdrawal, absenteeism • Can't perform duties • Regular to frequent binge drinking • Addiction • Significant trouble/impact due to substance use 		
							N/A
49. Current State							
As it relates to my Mental Health , please identify the controls you will implement to reduce the associated level of risk.							
10.	I have self-assessed my physical and mental state and have determined that						
	<input type="checkbox"/> I am fit for duty <input type="checkbox"/> I may not be fit for duty (do not proceed, please speak with supervisor)						