



Date:

Names & Signatures:

Yrs. in Current Position

Worker (Print Name):	Signature:	
Worker (Print Name):	Signature:	
Worker (Print Name):	Signature:	
Worker (Print Name):	Signature:	
Worker (Print Name):	Signature:	
Worker (Print Name):	Signature:	
Worker (Print Name):	Signature:	

Supervisor (Print Name):

Supervisor Signature:

Tool Box Meeting/Lineup	Y	N	N/A
Safety Issues			
Mine Planning			
Procedure Reviewed			
Incident Reviewed			
Fatigue Management Assessment			
Practices & Procedures			
Personal Protective Equipment	Y	N	N/A
Personal Protective Equipment (PPE) Available			
Hard Hat			
Appropriate Eyewear for Task			
High Visibility Vest/Coveralls			
Boots			
Gloves			
Hearing Protection			
Respiratory Protection Equipment (RPE)			
Inspection OK			
Emergency Preparedness	Y	N	N/A
Fire Extinguisher			
Eyewash Location			
Communication			
Rescue Equipment/Glass Breakers/Rescumatic etc.			
Emergency Shut off			

Energy Hazards	Y	N	N/A
Isolated/Locked/Tagged			
Bump Test/Checked Lockout			
Work On/Near Energized Equipment			
Implements Grounded or Adequately Supported			
Underground Hazards/Utilities (Marked or Identified)			
Cords Ok/Secure/Taped			
Explosion Proof Cords/Tools			
Equipment Access/Egress	Y	N	N/A
Parked in Safe Area			
Set Up Checked			
Qualified/Independent Operator			
Head Lights/Tail Lights			
Mirrors			
Clearance Lights			
Tire Condition			
Guarding, Ladders, 3 Point Contact			
Weight Within Capacity			
Equipment Condition			
Driver Safety System (ie: DSS)			
Fire Extinguisher/Fire Suppression			
Safe Approach Distance			
Active Mine Pit	Y	N	N/A
Barricades/Flagging/Signs			
Sumps Identified and Bermed			
Falling Objects/Tools			
Overhead Power/Shovel Cable Power			
General Road Conditions			
Intersections Satisfactory			
Road Berms (1/2 Tire Height)			
Loading	Y	N	N/A
Proper Bench Height			
Ground/Face Stability			
Pit/Floor Condition			
Power Cables Clearly Marked			
Dumps	Y	N	N/A
Dump Condition			
Adequate Lighting			
Loose Metal Brought into the Mine	Y	N	N/A
Are you free of metal entering the mine (teeth, pipes, etc.)			
If NO, was it removed and/or disposed of properly			
Towing	Y	N	N/A
Tailgate Meeting			
Slings Inspected			
Supervisor Present			

Lifting	Y	N	N/A
Appropriate Lifting Hardware			
Inspection of Lifting Equipment			
Proper Rigging			
Fall Protection	Y	N	N/A
Required (> 3 meters)			
Equipment Inspected			
Ergonomics/Lifting/Handling	Y	N	N/A
Body in the Line of Fire			
Awkward Position			
Overexertion/Too Heavy			
Sustained Repetitive Work			
Twisting/Bending			
Working Overhead			
Over Reaching/Extension			
Prolonged or Extreme Bending			
Environmental	Y	N	N/A
Chemical Exposure/SDS/Labels			
Spill Containment/Cleanup			
Waste Disposal			
Containers Required			
Gas Testing Required			
Dust/Mist/Fumes/Exhaust			
Noise Exposure			
Poor Weather Conditions			
Working Near Water/Ice			
Wildlife Encounter			
Housekeeping	Y	N	N/A
Work Area Clean			
Trash Container Sufficient			
Slip/Trip/Fall Hazards			
Heat/Air Conditioning			
General Working Conditions	Y	N	N/A
Adequate Lighting			
Others Working in the Area			
Sharp Objects/Pinch Points/Rotating Equipment			
Limited Access/Egress			
Exposure Too Hot/Cold			
Working Alone/Isolated Work Area			
Violence/Harassment/Psychological			
Right to Refuse/Know/Participate			
Other	Y	N	N/A



FIELD LEVEL HAZARD ASSESSMENT

Crew: _____

Job Location: _____

Emergency Meeting Point: _____

Emergency Assembly Area: _____

TASK DESCRIPTION:

LIST TASK	LIST HAZARDS	LIST CONTROLS

Additional Comments: _____

For each category ask the question:
1) Are the existing safeguards acceptable? **YES**
2) If the answer is **NO**, take immediate corrective action.
3) Assess and document the Task, Hazard, and
4) List the Elimination/Control above.

General Weather Conditions:

Temperature: Visibility:

Ground Conditions:

EMERGENCY CONTACT INFORMATION:

