



North Atlantic Project Group

FIELD LEVEL HAZARD ANALYSIS (FLHA)

Employee: _____

Company: _____

Date: _____

Shift: _____

Supervisor: _____

Supervisor Contact: _____
(Radio Channel/ Phone #)

Vale Contact Person: _____

Work Location: _____



AM I EQUIPPED FOR WORK?

Do I understand the task? Yes No

Am I trained and competent for the task? Yes No

Am I familiar with the equipment and work area? Yes No

Do I have the proper tools and equipment? Yes No

Do I understand the SOP and/or JHA for the task? Yes No

Have I informed others who may be affected by the work? Yes No

IF THE ANSWER TO ANY OF THE ABOVE IS NO...SEE YOUR SUPERVISOR

CRITICAL COMMUNICATION INFORMATION

INVAC Location: _____

OUTVAC Location: _____

REFUGE Location: _____

LINE UP TASKS / CONTROLS (from JHA)

Task: _____

Controls: _____

Controls: _____

Controls: _____

Task: _____

Controls: _____

Controls: _____

Controls: _____

Task: _____

Controls: _____

Controls: _____

Controls: _____

Task: _____

Controls: _____

Controls: _____

Controls: _____

Critical Activity Requirements

Lockout, Tagout, Check N/A Yes No

1. Have you verified isolation and no residual energy is present? Yes No

2. Do you have an individual lock & tag and is it installed? Yes No

Working with Electricity N/A Yes No

1. Has the equipment been completely isolated? Yes No

2. Have you applied your personal lock & tag to work on the de-energized system? Yes No

Working at Heights N/A Yes No

1. Have you calculated the fall distance? Yes No

2. Do you have an approved written rescue plan? Yes No

Confined Space N/A Yes No

1. Do you have an approved permit? Yes No

2. Is there an approved written rescue plan? Yes No

Ground Stability N/A Yes No

1. Is ground support installed on the working face? Yes No

2. Are the ground support controls inspected and in good condition? Yes No

Machine Guarding N/A Yes No

1. Are proper guards in place on moving equipment? Yes No

2. Have you removed all items that can become entangled? Yes No

Mobile Equipment N/A Yes No

1. Are you trained and authorized to operate this specific model of equipment? Yes No

2. Is there adequate separation between people/equipment? Yes No

Automotive Vehicles N/A Yes No

1. Have you completed a pre-use inspection? Yes No

2. Is your vehicle equipped for the area (flashing beacon, buggy whip first aid kit, fire extinguisher, b/u alarm, spill kit)? Yes No

Lifting Operations N/A Yes No

1. Is the rigging/lifting equipment appropriate and inspected? Yes No

2. Is the area access secure and no personnel under loads? Yes No

Explosives N/A Yes No

1. Are caps and powder stored properly/separated? Yes No

2. Is proper entry/re-entry protocol in place? Yes No

IF THE ANSWER TO ANY OF THE ABOVE IS NO...SEE YOUR SUPERVISOR

