



FACILITIES MANAGEMENT FIELD LEVEL RISK ASSESSMENT (FLRA)

Section A – Project Information		
Work Order #:	Project Start Date:	Completion Date:
Description of Work:		
Work Site Location:	Muster Area:	
Location of Fire Extinguishers & First Aid Kits:		
First Aid Attendant:		
Supervisor:	_____	
	Signature	
Project Manager:	_____	
	Signature	

Section B: Identification of Hazards (All hazards must have a control/corrective measure)							
#	Potential Hazards	Yes	No	#	Potential Hazards	Yes	No
1	Are procedures available for tasks?	<input type="checkbox"/>	<input type="checkbox"/>	17	Potential for slip and fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have clear instructions been provided?	<input type="checkbox"/>	<input type="checkbox"/>	18	Poor conditions of rigging equipment?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do workers have proper training for tasks?	<input type="checkbox"/>	<input type="checkbox"/>	19	Are there overhead lines?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is this the first time performing task?	<input type="checkbox"/>	<input type="checkbox"/>	20	Are tools in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is there inadequate PPE?	<input type="checkbox"/>	<input type="checkbox"/>	21	Are the proper tools for the job being used?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are there WHMIS hazards? (Chemical and storage of chemicals, SDS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	22	Are all protective devices in place?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	23	Is housekeeping in good order?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there fire and explosion hazards?	<input type="checkbox"/>	<input type="checkbox"/>	24	Is there a risk of falling objects?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are there environmental hazards? (Contamination, spills, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	25	Is excavation work being done?	<input type="checkbox"/>	<input type="checkbox"/>
10	Mobile Equipment operating in work area?	<input type="checkbox"/>	<input type="checkbox"/>	26	Are elevated work surfaces in good order?	<input type="checkbox"/>	<input type="checkbox"/>
11	Are pinch points present?	<input type="checkbox"/>	<input type="checkbox"/>	27	Are ladders or scaffold being used?	<input type="checkbox"/>	<input type="checkbox"/>
12	Are there ergonomic hazards (lifting, pulling, pushing, overexertion, awkward body position, noise, etc)	<input type="checkbox"/>	<input type="checkbox"/>	28	Hand/Power tools in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
13	Other workers posing hazards in work area	<input type="checkbox"/>	<input type="checkbox"/>	29	Do hazardous atmospheric conditions exist?	<input type="checkbox"/>	<input type="checkbox"/>
14	Will all applicable federal, provincial, municipal safety related legislation and university applicable policies and procedures be followed?	<input type="checkbox"/>	<input type="checkbox"/>	30	Has asbestos been tested for in the immediate area?	<input type="checkbox"/>	<input type="checkbox"/>
15	Has signage been posted, clearly identifying the construction zone?	<input type="checkbox"/>	<input type="checkbox"/>	31	Is there a possibility of asbestos exposure?	<input type="checkbox"/>	<input type="checkbox"/>
16	Barricades/Hoarding/Excavation needed?	<input type="checkbox"/>	<input type="checkbox"/>	32	Accessibility issues?	<input type="checkbox"/>	<input type="checkbox"/>



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Section C: Other Hazards Not Specified in Section B Must be Written Below	

Section D: Controls/Corrective Actions			
#	Hazards <i>(Identify Hazard Category by Corresponding #)</i>	Controls Measures <i>(Elimination, Substitution, Engineered, Administrative, PPE)</i>	Assigned To

Section E: Required PPE	
<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Eye Protection
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Gloves	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> High Visibility Vest	
Specialized PPE: _____	

Tool Box Topic: _____

Permits Required (circle all that apply): **CONFINED SPACE** **ENERGY ISOLATION** **HOT WORK**

Section F: Employee Acknowledgement		
Print Name	Signature	Date