



Auditor Field Level Risk Assessment

Please complete the following assessment for each audit. Completed forms are to be submitted with your Notice of Audit (NOA). SafetyDriven will review the form to ensure adequate controls are in place for identified hazards. The auditor will be informed if the field work will need additional steps to be performed safely. The auditor will retain a copy of the completed field level risk assessment.

Name of Person Completing Field Level Risk Assessment:		Related Activity: (including host company name)	
Date of Field Level Risk Assessment:		Planned Start Date of Site Visit:	
Project Team Members (if applicable):		Auditor:	

Hazard Category 1	Hazard Details/ Risk Factors	This Hazard WILL BE Present	This Hazard WILL NOT BE Present	If the hazard WILL BE present, how will you protect yourself (Identified Controls)?
Safety High Risk	Working Alone			
	Mechanical Energy			
	Electrical Energy			
	Pneumatic Energy			
	Chemical Energy			
	Working at Heights			
	Walking/Working Surface			
	Mobile Equipment			
	Traffic (Freeway, Highway, Roadway, or Yard)			
	Resource Road Driving			
	Extreme Weather			
	Fire and Explosion			
	Restricted or Confined Spaces			
	Unstable Ground			
Sharp Edges				

COVID-19



Hazard Category 2	Hazard Details/ Risk Factors	This Hazard WILL BE Present	This Hazard WILL NOT BE Present	If the hazard WILL BE present, how will you protect yourself (Identified Controls)?
Physical	Noise			
	Vibration			
	Extreme Temperature			
	Radiation			
	Air Quality			
	Lighting			

Hazard Category 3	Hazard Details/ Risk Factors	This Hazard WILL BE Present	This Hazard WILL NOT BE Present	If the hazard WILL BE present, how will you protect yourself (Identified Controls)? Include managing the spread of contamination to others if you may be, or are, infected or affected.
Biological	Bacteria			
	Viruses	COVID-19 risk		
	Insects			
	Plants			
	Birds			
	Animals			
	Skin Irritants			
	Allergens			

Hazard Category 4	Hazard Details/ Risk Factors	This Hazard WILL BE Present	This Hazard WILL NOT BE Present	If the hazard WILL BE present, how will you protect yourself (Identified Controls)?
MSD	Awkward Working Posture			
	Repetitive Task			
	Excessive Force			

COVID-19



Hazard Category 5	Hazard Details/ Risk Factors	This Hazard WILL BE Present	This Hazard WILL NOT BE Present	If the hazard WILL BE present, how will you protect yourself (Identified Controls)?
Chemical	Designated Substance: (Silica, Lead, Isocyanates)			
	Hazardous Product Exposure: Inhalation			
	Hazardous Product Exposure: Absorption			
	Hazardous Product Exposure: Ingestion			
	Hazardous Product Exposure: Injection			
	Skin Irritants			

Hazard Category 6	Hazard Details/ Risk Factors	This Hazard WILL BE Present	This Hazard WILL NOT BE Present	If the hazard WILL BE present, how will you protect yourself (Identified Controls)?
Psychosocial	Working in a Community-Based Setting			
	Working with Unstable or Volatile Clients			
	Mobile Workplaces/ Working alone			
	Contact with Clients			
	Fit for Work (State of Self)			
	Own Household Interactions			
	Travel to or Through Areas, or via Modes of Travel, Where Non-Essential Travel is Restricted			

Once complete, submit with your NOA for review.

Auditor Name:		Comments
Date of Review:		
Approved:		