

Field Service Take 5 Risk Assessment																																							
Task:	Date:																																						
① STOP		Y or N	NA																																				
Do I have the required skills and knowledge to perform task?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Does a procedure exist?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Do I understand the steps required to do the task?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Are my tools and equipment in good order?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Do I have the correct PPE and is PPE in good condition?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Do I have the required permit or authority to work?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Do I have a clear plan in mind?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Have I checked for any environmental hazards? (e.g. power lines, traffic, work surface, weather conditions)		<input type="checkbox"/>	<input type="checkbox"/>																																				
Can the work be moved to a safer location if hazards exist?		<input type="checkbox"/>	<input type="checkbox"/>																																				
② LOOK FOR THE HAZARD		Yes	No																																				
Have I reviewed the hazard menu?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Will I be operating equipment with guards removed?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Am I or others at risk from the operation of mobile equipment or machinery?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Is there a manual material handling/ergonomic risk?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Will I need to isolate energy sources by LOTO?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Will I be working at height? Is a harness necessary?		<input type="checkbox"/>	<input type="checkbox"/>																																				
Have I reviewed the area for potential fire hazards?		<input type="checkbox"/>	<input type="checkbox"/>																																				
③ ASSESS THE RISK																																							
What is the risk level? (E= Extreme, H= High, M=Moderate, L= Low)		E <input type="checkbox"/>	M <input type="checkbox"/>																																				
		H <input type="checkbox"/>	L <input type="checkbox"/>																																				
<p style="text-align: center;">Severity or consequence</p> <table border="1"> <thead> <tr> <th>Likelihood</th> <th>Negligible</th> <th>Minor</th> <th>Moderate</th> <th>Major</th> <th>Catastrophic</th> </tr> </thead> <tbody> <tr> <td>Almost Certain</td> <td>L</td> <td>M</td> <td>H</td> <td>E</td> <td>E</td> </tr> <tr> <td>Likely</td> <td>L</td> <td>M</td> <td>H</td> <td>H</td> <td>E</td> </tr> <tr> <td>Possible</td> <td>L</td> <td>M</td> <td>M</td> <td>H</td> <td>H</td> </tr> <tr> <td>Unlikely</td> <td>L</td> <td>M</td> <td>M</td> <td>M</td> <td>M</td> </tr> <tr> <td>Rare</td> <td>L</td> <td>L</td> <td>L</td> <td>L</td> <td>M</td> </tr> </tbody> </table>		Likelihood	Negligible	Minor	Moderate	Major	Catastrophic	Almost Certain	L	M	H	E	E	Likely	L	M	H	H	E	Possible	L	M	M	H	H	Unlikely	L	M	M	M	M	Rare	L	L	L	L	M		
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Rare	L	L	L	L	M																																		
		Contact Your Supervisor ←																																					
④ MAKE THE CHANGE																																							
Have I identified & controlled hazards so I'll be safe?		<input type="checkbox"/>	<input type="checkbox"/>																																				
The controls or changes I have put in place:																																							
Do I feel safe performing tasks?		<input type="checkbox"/>	<input type="checkbox"/>																																				
⑤ DO THE TASK SAFELY																																							
Team Member Name:			Contact Your Supervisor ↓																																				

Hazard Menu				
<i>Animals, Insects</i>	<i>Air Quality</i>	<i>Cold</i>	<i>Confined Spaces</i>	<i>Electricity</i>
<i>Elevated Work: falls</i>	<i>Ergonomics</i>	<i>Fire/Hot Work</i>	<i>Flying Debris/Particles</i>	<i>Foul Weather (Storms, Hurricanes, Floods, Tornadoes – likely or predicted)</i>
<i>Excavations /Trenches</i>	<i>Hazardous Materials</i>	<i>Heat</i>	<i>Hydraulic Systems (Pressure)</i>	<i>Lighting</i>
<i>Noise</i>	<i>Overhead Power Lines</i>	<i>Public Exposure</i>	<i>Remote Location/Limited Communication</i>	<i>Rigging</i>
<i>Road Traffic</i>	<i>Slips/Trips on Vehicle</i>	<i>Uneven surfaces, holes, poor footing</i>	<i>Vehicles/Equipment</i>	<i>Water (Lakes, Rivers etc.)</i>