



MECO ENGINEERING  
HAZARD ASESMENT  
Rank H, M, L to applicable tasks

Field Level Hazard Assessment  
Job Location:  
Pockwock Dam

Date: 26-Oct-2026  
Task:  
Survey

| Category                 | Rank | Controls | Hazards |
|--------------------------|------|----------|---------|
| 1. Working at heights    | n/a  |          |         |
| 2. Working from ladders  | n/a  |          |         |
| 3. Confined Spaces       | n/a  |          |         |
| 4. Work near water       | n/a  |          |         |
| 5. Over head power lines | n/a  |          |         |
| 6. Pits or trench        | n/a  |          |         |
| 7. Heavy equipment       | n/a  |          |         |
| 8. Chemicals             | n/a  |          |         |
| 9. House keeping         | n/a  |          |         |
| 10. Temp flooring        | n/a  |          |         |
| 11. Hand tools           | n/a  |          |         |
| 12. House keeping        | n/a  |          |         |
| 13. other                | n/a  |          |         |
| 14. Weather              | n/a  |          |         |
|                          |      |          |         |
|                          |      |          |         |

| All items that apply:       |                                        |                                            |
|-----------------------------|----------------------------------------|--------------------------------------------|
| Fall Protection inspected   | <del>Respirators inspected</del>       | <del>safety board /phone # available</del> |
| PFD inspected               | <del>Fit testing complete</del>        |                                            |
| Near water                  | <del>Confined Spaces</del>             |                                            |
| PPE inspected               | <del>Training in Confines Space</del>  |                                            |
| Rescue Plan available       | <del>tri pod and winch inspected</del> |                                            |
| Safety orientation complete | <del>test meter inspected</del>        |                                            |
| Vehicle inspected           | <del>eye wash available/ in date</del> |                                            |
| Fire extinguisher in date   | <del>first aid kits available</del>    |                                            |

For working alone, ensure you check in with the office at the start and end of the shift at 902 444 3131

|                                      |
|--------------------------------------|
| Signatures as proof of communication |
|                                      |