

Job Hazard Analysis (JHA)

Template provided by HammerTech*

Work Area

Start Date

Finish Date

Supervisor

Phone #

Description of Work

Potential Hazards: (Check all that apply)

- | | | |
|--------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Fire or Explosion Potential |
| <input type="checkbox"/> Skin Irritants | <input type="checkbox"/> High Noise Levels | <input type="checkbox"/> Compressed Gasses/Liquid |
| <input type="checkbox"/> Fall Potential | <input type="checkbox"/> Ionizing Radiation | <input type="checkbox"/> Welding/Burning Operations |
| <input type="checkbox"/> Toxic Material | <input type="checkbox"/> Excavation Hazard | <input type="checkbox"/> Pinch, Crush, or Striking Hazards |
| <input type="checkbox"/> Adjacent Work | <input type="checkbox"/> Elevated Load or Work | <input type="checkbox"/> Sharp Edges or Hot/Cold Surfaces |
| <input type="checkbox"/> Lifting Hazards | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Hazardous chemical Exposure/SDS |
| <input type="checkbox"/> Difficult Access | <input type="checkbox"/> Water /Drowning Hazard | <input type="checkbox"/> Electrical Shock/Energized Equipment |
| <input type="checkbox"/> Shoring/Sloping | <input type="checkbox"/> Environmental Extremes | <input type="checkbox"/> Potential Release of Energy Kinetic/Gravity |
| <input type="checkbox"/> Traffic/Vibration | <input type="checkbox"/> Employees/New or Temp | <input type="checkbox"/> Lead Exposure |

Other

Applicable Safe Work Practices

- | | | |
|-------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Energy Isolation Procedure | <input type="checkbox"/> Review of Emergency Action Plans |
| <input type="checkbox"/> Lock-out Tag Out | <input type="checkbox"/> Confined Space Entry Permit | <input type="checkbox"/> Special Pre-Job Safety Discussions |
| <input type="checkbox"/> Use of Barricades | <input type="checkbox"/> Rescue/Retrieval Equipment | <input type="checkbox"/> Hot Work Permit: Electrical/Welding |
| <input type="checkbox"/> Approved Lighting | <input type="checkbox"/> Use of Specialized Equipment | <input type="checkbox"/> Communications: Visual/Audio |
| <input type="checkbox"/> Site/Job Orientation | <input type="checkbox"/> Specialized Training Required | |
| <input type="checkbox"/> Use of Specialized PPE | <input type="checkbox"/> Standard Operating Procedures | |

Other

Special Precautions

- | | | |
|-------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Simultaneous Operations | <input type="checkbox"/> Dig Alert | <u>Electrical Powerline Issue</u> |
| <input type="checkbox"/> Pollution Prevention measures | | <input type="checkbox"/> Overhead or Underground Power Lines |
| <input type="checkbox"/> Redundant Protection Measures | | <input type="checkbox"/> Overhead Power Lines within 100 feet of work site (if yes, develop a plan to address hazard). |
| <input type="checkbox"/> Special Pre-Job Safety Discussions | | |
| <input type="checkbox"/> Near Miss Reports/Incidents | | |
| <input type="checkbox"/> Hazardous Waste Disposal | | |

Other

Special Precautions

- | | | |
|-----------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Face Protection | <input type="checkbox"/> Coveralls/Clothing |
| <input type="checkbox"/> Respirators | <input type="checkbox"/> Safety Foot Wear | <input type="checkbox"/> SCBA |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Ear Protection | |
| <input type="checkbox"/> Air Lines/Hood | <input type="checkbox"/> Personal Grounds | |

Other

