

Job Hazard Analysis Worksheet

CONTRACTOR:		WORK START DATE:	
BLDG/ LOCATION:		EST. WORK COMPLETION DATE:	
EMERGENCY CONTACT:			
TRADES INVOLVED:			
SCOPE OF ACTIVITY – LIST BASIC JOB STEPS:			
*REMINDER: Review Safety Data Sheets and incorporate appropriate preventative or protective measures.			
CHECK THE BOX ASSOCIATED WITH EACH POTENTIAL HAZARD			
<input type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> Chemical Spill	<input type="checkbox"/> Poor Lighting	
<input type="checkbox"/> Electrical Shock/Arc Flash	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Noise Exposure	
<input type="checkbox"/> Elevated Work	<input type="checkbox"/> Welding/Hot Work/Grinding	<input type="checkbox"/> Dust/Inhalation Exposure	
<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Struck-by/Caught-in/Between	<input type="checkbox"/> Poor Ventilation	
<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Impact to Connected Systems (such as Sprinkler, Fire, alarms, other Controls/Processes)	
<input type="checkbox"/> Excavation Cave-in	<input type="checkbox"/> Cold/Heat Exhaustion/Stress		
<input type="checkbox"/> Thermal/ Chemical Exposure	<input type="checkbox"/> Poor Work Position		
<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Stored Energy		
LIST THE POTENTIAL HAZARD AND SAFETY MEASURES FOR EACH STEP			
HAZARD		MEASURES TAKEN TO ENSURE SAFETY	
PLACE A CHECKMARK NEXT TO ALL THAT APPLY			
PERSONAL PROTECTIVE EQUIP'T	WORK PLATFORMS FOR TASK	ENERGIZED EQUIPMENT/SYSTEMS	
<input type="checkbox"/> FULL FACE SHIELD/SAFETY GLASSES	<input type="checkbox"/> SCAFFOLD w/ STD. GUARDRAILS	<input type="checkbox"/> GROUND FAULT PROTECTION	
<input type="checkbox"/> CHEMICAL SPLASH GOGGLES	<input type="checkbox"/> PERSONNEL LIFT (Worker Trained)	<input type="checkbox"/> LOCK-OUT/TAGOUT	
<input type="checkbox"/> RESPIRATORY PROTECTION	<input type="checkbox"/> LADDERS (Fiberglass or Wood)	<input type="checkbox"/> ENERGY SOURCES IDENTIFIED	
<input type="checkbox"/> HARNESS/ LANYARD/ ANCHORAGE	MATERIAL HANDLING		<input type="checkbox"/> TOOLS/CORDS INSPECTED & RATED for APPLICATION
<input type="checkbox"/> POSITIONING DEVICE	<input type="checkbox"/> RIGGING EQPT. INSPECTED/TESTED	<input type="checkbox"/> HIGH VOLTAGE LINES IDENTIFIED	
<input type="checkbox"/> GLOVES (specify):	<input type="checkbox"/> CRANE (Size): (Type):	<input type="checkbox"/> AREA CONTROLS/ISOLATION DETERMINED	
<input type="checkbox"/> WELDING HOOD	<input type="checkbox"/> OPERATOR CERT.	FIRE PROTECTION	
<input type="checkbox"/> PROTECTIVE HEADWEAR	<input type="checkbox"/> ASSEMBLY/DISASSEMBLY DIRECTOR	<input type="checkbox"/> FLAMMABLES REMOVED	
<input type="checkbox"/> FLAME RESISTANT CLOTHS	CONFINED SPACE		<input type="checkbox"/> WELDING SCREEN IN PLACE
<input type="checkbox"/> OTHER PPE (specify):	<input type="checkbox"/> EMPLOYEES TRAINED	<input type="checkbox"/> SPKLR. IMPAIRED/DRAINED	
BARRICADES NEEDED	<input type="checkbox"/> AIR TESTED/MONITORED	<input type="checkbox"/> FIRE WATCH ASSIGNED	
<input type="checkbox"/> COVERS on FLOOR HOLES	OTHER (List):		<input type="checkbox"/> SUITABLE FIRE EXTINGUISHER
<input type="checkbox"/> VISUAL BARRICADES/SIGNS	<input type="checkbox"/>	<input type="checkbox"/> AREA FREE of DEBRIS	
Tasks Requiring a Permit (Check as Req'd):			
<input type="checkbox"/> Welding/Burning <input type="checkbox"/> Confined Space <input type="checkbox"/> Roof Entry <input type="checkbox"/> Excavation/Trenching <input type="checkbox"/> Refrigerant Recovery <input type="checkbox"/> LO/TO <input type="checkbox"/> Line Breaking <input type="checkbox"/> Wall Penetration/Cabling <input type="checkbox"/> Sprinkler/Fire Impairment <input type="checkbox"/> Other (specify below)			
SPECIAL EQUIPMENT REQUIRED (Specify):			