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