



Date: _____

Job Hazard Analysis (JHA)

Page _____ of _____

LIFE MATTERS

- ☐ Excavation ☐ Critical Devices ☐ Lifting & Rigging ☐ Confined Space Entry ☐ Energy Isolation
- ☐ Driving & Transportation ☐ Working at Heights ☐ Breaking Containment/OPE ☐ Hot Work ☐ Work Authorization ☐ Working Around Mobile Equipment

Contractor/Craft: _____ **Work Area:** _____ **Permit#** _____

Description of Activity/Task: _____

Steps of Activity/Task	Hazards/Reaction to Change	Safe Plan/Safety Controls	Resources (tools, equip, etc.)

Signatures below indicate Personnel were involved in safe planning of task, understand potential hazards and safety controls required to complete task safely, understand requirements of JHA and limitations of work scope covered by JHA:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supervisor: _____ **HSE:** _____

Use checklist to complete front page of JHA and review entirely. Check all that apply.

A new JHA is required if the job scope, work conditions or hazards change.

Required Permits	Hazards	Safe Plan
<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Power de-energization required <input type="checkbox"/> Insulation blankets required <input type="checkbox"/> Wire watcher required
<input type="checkbox"/> Excavation Permit		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone marked
<input type="checkbox"/> Confined Space Entry Permit	<input type="checkbox"/> Crane or other	<input type="checkbox"/> Signalman <input type="checkbox"/> Tag lines <input type="checkbox"/> Area around crane barricaded w/tags
<input type="checkbox"/> Energy Isolation (LOTO) Permit	<input type="checkbox"/> Lifting Equipment	<input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personnel protected from overhead load <input type="checkbox"/> Critical Lift Plan
<input type="checkbox"/> Radiography Permit	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Reviewed drawings and as-builts <input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Received Excavation permit
<input type="checkbox"/> Handrail/Grating Removal Permit		<input type="checkbox"/> Required clearance distance = _____ Ft. <input type="checkbox"/> Safe work zone marked
Required PPE	<input type="checkbox"/> Electrical Hazards	<input type="checkbox"/> Lock Out/Tag Out/Try Out <input type="checkbox"/> Permit required? <input type="checkbox"/> Confirm that equipment is de-energized
<input type="checkbox"/> Hard Hat, Class G (General)		<input type="checkbox"/> Reviewed electrical safety procedures
<input type="checkbox"/> Hard Hat, Class E (Electrical)	<input type="checkbox"/> Excavations	<input type="checkbox"/> Permits <input type="checkbox"/> Inspected by competent person <input type="checkbox"/> Cave-in protection (sloping, shoring, benching)
<input type="checkbox"/> Ear Plugs <input type="checkbox"/> Earmuffs		<input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Protection from accumulated water
Eye Protection (ANSI Z.87):	<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire Watch
<input type="checkbox"/> Safety Glasses with Side-shields		<input type="checkbox"/> Adjacent area protected <input type="checkbox"/> Flammable material removed (more than 35ft away)
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Vehicular Traffic or Heavy Equipment	<input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane closure
<input type="checkbox"/> Chemical Goggles		<input type="checkbox"/> Communication with equipment operator
<input type="checkbox"/> Welding Hood	<input type="checkbox"/> Noise >85 dB	Hearing protection is required: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Earmuffs (double hearing protection)
Hand Protection:	<input type="checkbox"/> Hand & Power Tools:	<input type="checkbox"/> Inspect general cond. <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required for each tool
<input type="checkbox"/> Leather Gloves		<input type="checkbox"/> Required training <input type="checkbox"/> Guards in place
<input type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Hand Hazards	List sharp tools, material, equipment: _____
<input type="checkbox"/> Cut Resistant Sleeves		<input type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary <input type="checkbox"/> Discussed hand placement
<input type="checkbox"/> Chemical Gloves	<input type="checkbox"/> Manual Lifting	<input type="checkbox"/> Reviewed proper lifting tech. <input type="checkbox"/> Identified material requiring lifting equipment
<input type="checkbox"/> Rubber Gloves		<input type="checkbox"/> Hand protection required <input type="checkbox"/> Back support belts
<input type="checkbox"/> Elect. Insulated Gloves	<input type="checkbox"/> Ladders	<input type="checkbox"/> Inspect general cond. before use <input type="checkbox"/> Ladder inspected with monthly inspection
<input type="checkbox"/> Welder Gloves		<input type="checkbox"/> Ladder tied off or held <input type="checkbox"/> Proper angle and placement <input type="checkbox"/> Reviewed ladder safety
Foot Protection:	<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> Tags updated <input type="checkbox"/> Scaffold User training
<input type="checkbox"/> Safety Toed Boots with Defined Heel		<input type="checkbox"/> Toe boards used <input type="checkbox"/> Footings adequate <input type="checkbox"/> Materials properly stored on scaffold
<input type="checkbox"/> Rubber Boots	<input type="checkbox"/> Slips, Trips Falls	<input type="checkbox"/> Inspect for trip hazards <input type="checkbox"/> Hazards marked <input type="checkbox"/> Tools & material properly stored
<input type="checkbox"/> Metatarsals		<input type="checkbox"/> Extension cords properly secured <input type="checkbox"/> Work zone free of debris
<input type="checkbox"/> Dielectric Footwear	<input type="checkbox"/> Pinch Points	List potential pinch points: _____
<input type="checkbox"/> Other:		<input type="checkbox"/> Working near operating equipment <input type="checkbox"/> Hand/Body positioning
Respiratory Protection:	<input type="checkbox"/> Chemicals	<input type="checkbox"/> List specific chemicals involved and list hazards and precaution on front side.
<input type="checkbox"/> Dust Mask		<input type="checkbox"/> Reviewed MSDS <input type="checkbox"/> Exposure Monitoring required <input type="checkbox"/> Have proper containers and labels.
<input type="checkbox"/> Air Purifying Respirator (APR)	<input type="checkbox"/> Asbestos or Lead Paint Potential	<input type="checkbox"/> Identified proper PPE (respirators, clothing, gloves, etc.)
<input type="checkbox"/> Supplied Air Respirator (SAR)		<input type="checkbox"/> Areas to be worked may contain asbestos or lead paint <input type="checkbox"/> Asbestos controls incorporated
<input type="checkbox"/> SCBA	<input type="checkbox"/> Heat Stress Potential	<input type="checkbox"/> Lead based point controls in place <input type="checkbox"/> Exposure monitoring conducted.
<input type="checkbox"/> Emergency Escape Respirator		<input type="checkbox"/> Heat stress monitoring (>85°) <input type="checkbox"/> Drinking water available <input type="checkbox"/> Cool down locations
	<input type="checkbox"/> Cold Stress Potential	<input type="checkbox"/> Sunscreen <input type="checkbox"/> Reviewed Heat Stress symptoms
		<input type="checkbox"/> Proper clothing (i.e., gloves, coat, coveralls) <input type="checkbox"/> Wind chill <32°
Special Clothing:		<input type="checkbox"/> Reviewed Cold Stress symptoms <input type="checkbox"/> Warm up periods
<input type="checkbox"/> Tyvek ®	<input type="checkbox"/> Environmental Elements	<input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Hazardous wastes <input type="checkbox"/> Other wastes
<input type="checkbox"/> Chemical Suit		<input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste minimization
<input type="checkbox"/> Fire Resistant Clothing (FRC)	<input type="checkbox"/> Natural or Site Hazards	<input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or processes <input type="checkbox"/> Biological hazards
<input type="checkbox"/> Rain Suit		<input type="checkbox"/> Animals/reptiles/insects hazards
<input type="checkbox"/> Safety Vest (High Visibility)	<input type="checkbox"/> Adjacent/Congested Work	<input type="checkbox"/> Notified them of our presence <input type="checkbox"/> Other workers adjacent, above, or below.
Fall Protection:		<input type="checkbox"/> Coordinated with adjacent supervisor/customer/operator <input type="checkbox"/> Need barriers between.
<input type="checkbox"/> Safety Harness w/Double Lanyards	<input type="checkbox"/> Barricades/covers	<input type="checkbox"/> Caution barricade tape required <input type="checkbox"/> Danger barricade tape required <input type="checkbox"/> Rigid barricade required
<input type="checkbox"/> Vertical Retractable Lifeline (yo-yo)		<input type="checkbox"/> Covers over opening <input type="checkbox"/> Warning signs required
<input type="checkbox"/> Horizontal Lifeline	Additional Safety Requirements:	
<input type="checkbox"/> Anchorage Point Adequate	Eyewash Station Location:	
<input type="checkbox"/> Elevated Work Plan Complete		
<input type="checkbox"/> Guardrail System	Wind Direction:	
<input type="checkbox"/> Fall Clearance Distance Adequate		
<input type="checkbox"/> Fall Rescue/Retrieval Plan Complete		