



JOB HAZARD ANALYSIS (JHA) FORM

Complete with work crew before beginning work

(1) JOB INFORMATION

Date:	Job Name:	Job Number:	Company Name:
Supervisor Name:		Contact #:	

(2) TASK *For additional items see page 2

What job will you do today?	What steps will you take to perform task safely?

(3) EQUIPMENT/ TOOLS

Hand Tools:	Type of Ladder:	<input type="checkbox"/> A-Frame
Motorized Equipment:		<input type="checkbox"/> Extension

(4) JOBSITE EXPOSURES

Hazard Identification: Items checked below relate to existing conditions or may be a result of site operations

Physical Hazards		Health Hazards
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Lifting Hazards	<input type="checkbox"/> Chemical Exposure/ SDS Review
<input type="checkbox"/> Confined Space Permit Required	<input type="checkbox"/> Overhead Work	<input type="checkbox"/> Cold Stress
<input type="checkbox"/> Electrical	<input type="checkbox"/> Pinch Point	<input type="checkbox"/> Heat Stress
<input type="checkbox"/> Elevated Work Platforms	<input type="checkbox"/> Slips, Trips, or Falls	<input type="checkbox"/> High Noise (>85 dBA)
<input type="checkbox"/> Elevation / Site Terrain	<input type="checkbox"/> Struck by / Contact with	<input type="checkbox"/> Silica Exposure (Concrete/ Stone Cutting)
<input type="checkbox"/> Falls from Elevations	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Strains/ Sprains
<input type="checkbox"/> Fire Hazards/ Hot Work	<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> Other:
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Other:	

(5) HAZARD CONTROL MEASURES

PPE and Monitoring Equipment	Inspections (Complete All Prior to Use)	Safety Practices	Permit Required
<input type="checkbox"/> Arm Protection	<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Air Monitoring	
<input type="checkbox"/> Ear Protection	<input type="checkbox"/> GFCI	<input type="checkbox"/> Barricades, Warning Signs	
<input type="checkbox"/> Face Protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Ladder	<input type="checkbox"/> Electrical Work	
<input type="checkbox"/> Foot Protection	<input type="checkbox"/> Motorized Equipment	<input type="checkbox"/> Excavation & Trenching Protection	
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> PPE	<input type="checkbox"/> Fall Protection	
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Rigging	<input type="checkbox"/> Lifts/ Critical Lift	
<input type="checkbox"/> Respirator	<input type="checkbox"/> Scaffold	<input type="checkbox"/> Lock-Out/ Tag-Out	
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Tag Lines	<input type="checkbox"/> Mobile Equipment Spotter	
<input type="checkbox"/> Safety Vest	<input type="checkbox"/> Tools/ Equipment	<input type="checkbox"/> Traffic Control	
<input type="checkbox"/> Other:		<input type="checkbox"/> Welding	
		<input type="checkbox"/> Other	



Signature

I have read and understand this job hazard analysis. I agree to adhere to all safety precautions and procedures to complete this job safely.

Print Name	Signature	Specify Employee Training (see section 5)
<i>Ex. John Doe</i>	<i>John Doe</i>	<i>Fall Protection, Flagger</i>