



Job Hazard Analysis (JHA)

Edition Number: 01

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JOB HAZARD ANALYSIS

Date:	Project Name or Location of Work:	Competent Person Review(print)	Competent Person Approval(signature)	Date of Review & Approval
08/19/2020	All potential work locations	Craig Mayer		08/19/2020

STEP 1		STEP 2		STEP 3
<p>Employee Checklist</p> <p>X REVIEW & UNDERSTAND This JHA. When in doubt, <i>ASK</i> for <i>HELP</i> from Co-workers or a Supervisor.</p> <p><input type="checkbox"/> BEST SAFE PRACTICE Must be used at all times to get the work done.</p> <p><input type="checkbox"/> STOP WORK IMMEDIATELY To correct unsafe conditions.</p> <p><input type="checkbox"/> CONTACT A SUPERVISOR When any work hazards cannot be controlled to a safe condition.</p> <p>X TAKE A SAFETY MOMENT As a final safety check before any work starts. <i>Ask: What can Hurt Me? Answer: How Do I STOP it From Hurting Me?</i></p>	<p>Competent Person Checklist</p> <p><input type="checkbox"/> Assigned employees are qualified to complete the work.</p> <p><input type="checkbox"/> Work area has been inspected for all hazards.</p> <p><input type="checkbox"/> STEP 1 complete.</p> <p><input type="checkbox"/> STEP 2 complete.</p> <p><input type="checkbox"/> STEP 3 complete.</p> <p><input type="checkbox"/> JHA complete, reviewed & signed.</p> <p>X PPE is issued & applied.</p> <p><input type="checkbox"/> Required notifications are complete.</p>	<p>Hazards of Focus 2A</p> <p><input type="checkbox"/> Slip</p> <p><input type="checkbox"/> Trip</p> <p><input type="checkbox"/> Fall</p> <p>X Struck by</p> <p><input type="checkbox"/> Caught in</p> <p><input type="checkbox"/> Pinched by</p> <p><input type="checkbox"/> Electrical-shock or burn</p> <p><input type="checkbox"/> Confined space</p> <p><input type="checkbox"/> Congested work area</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Body positioning</p> <p><input type="checkbox"/> Chemical</p> <p><input type="checkbox"/> Pressure release</p> <p><input type="checkbox"/> Thermal</p> <p><input type="checkbox"/> Radiant</p> <p><input type="checkbox"/> Adverse weather</p> <p><input type="checkbox"/> Working at heights</p> <p><input type="checkbox"/> Traffic</p> <p><input type="checkbox"/> Heat or cold exposure</p> <p>X Debris- Airborne objects</p>	<p>Hazard Threat 2B</p> <p>1. Imminent - STOP WORK <i>Hazard Is Apparent & Control Requires Engineering Decisions</i></p> <p><input type="checkbox"/> EH&S or UHS Consult</p> <p><input type="checkbox"/> Safety Professional Consult</p> <p><input type="checkbox"/> Engineering Consult</p> <p><input type="checkbox"/> Supervisor Consult</p> <p>2. Major <i>Hazard Is Apparent & Control Is Complex</i></p> <p><input type="checkbox"/> Safety Professional Consult</p> <p><input type="checkbox"/> Engineering Consult</p> <p><input type="checkbox"/> Supervisor Consult</p> <p><input type="checkbox"/> Employees Apply Controls</p> <p>3. Minor <i>Hazard is Apparent & Control Is Typical to Assigned Work.</i></p> <p>X Employees Apply Controls</p> <p><input type="checkbox"/> Supervisor Consultation</p>	<p>Safe Practice Confirmation</p> <p>FINAL CHECK OFF Hazard Exposure Level AFTER CONTROL</p> <p><input type="checkbox"/> Hazards ELIMINATED Exposure Not Possible</p> <p><input type="checkbox"/> Hazards ISOLATED Exposure Not Possible</p> <p><input type="checkbox"/> Hazards SUBSTITUTED Replaced Hazard to Avoid Exposure</p> <p><input type="checkbox"/> Hazards ISOLATED Control of Hazardous Energy Procedure [LOTO] is confirmed correctly applied</p> <p>X Hazards CONTROLLED Activity Specific PPE applied</p>

Examples of Work Hazards to Consider

Gravity	Electrical	Mechanical	Other Considerations
<p><input type="checkbox"/> Falling</p> <p><input type="checkbox"/> From a height</p> <p><input type="checkbox"/> Tripping</p> <p><input type="checkbox"/> Slippery Surfaces</p> <p><input type="checkbox"/> While walking</p> <p><input type="checkbox"/> Uneven surfaces</p> <p><input type="checkbox"/> Load Rated Surface</p> <p>X Struck by - debris/objects</p> <p><input type="checkbox"/> Machines or Equipment</p>	<p><input type="checkbox"/> Unintended contact</p> <p><input type="checkbox"/> Unintended energization</p> <p><input type="checkbox"/> Missed LOTO step</p> <p><input type="checkbox"/> Induced voltage</p> <p><input type="checkbox"/> Back feed</p> <p><input type="checkbox"/> Arc flash</p> <p><input type="checkbox"/> Step potential</p> <p><input type="checkbox"/> Touch Potential</p> <p><input type="checkbox"/> Improper grounding</p> <p><input type="checkbox"/> Capacitive charge</p>	<p><input type="checkbox"/> Equipment failure</p> <p><input type="checkbox"/> Material failure</p> <p><input type="checkbox"/> Pressure Release</p> <p><input type="checkbox"/> Raised loads</p> <p><input type="checkbox"/> Moving parts</p> <p><input type="checkbox"/> Loaded springs</p> <p><input type="checkbox"/> Pinch points</p> <p><input type="checkbox"/> Crush points</p> <p><input type="checkbox"/> Propelled objects</p> <p><input type="checkbox"/> Loss of control</p>	<p><input type="checkbox"/> Traffic</p> <p><input type="checkbox"/> Equipment operation</p> <p><input type="checkbox"/> Driving conditions</p> <p><input type="checkbox"/> Body mechanics</p> <p><input type="checkbox"/> Ergonomics</p> <p><input type="checkbox"/> Positioning</p> <p><input type="checkbox"/> Moving loads</p> <p><input type="checkbox"/> Shifting loads</p> <p><input type="checkbox"/> Rotating machinery</p> <p><input type="checkbox"/> Handling material</p>

Hazard Control Methods 2C





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Work Assigned: Facility Maintenance Activities at any work location

STEP 2

Hazard Identification & Control

Step Number	Work to be Done <i>Step by Step List</i>	2A Hazards of Focus <i>What Can HURT Us?</i>	2B Hazard Threat	2C Hazard Control <i>How will we STOP it from HURTING Us?</i>		Standard PPE Required
				Control Method	Check Controls Applied	
1	Facilities Maintenance Activities	Airborne objects, debris	Minor	<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input checked="" type="checkbox"/> Applied work specific PPE How is the control applied: Wearing Safety Glasses	<input type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Ear muffs or plugs* <input type="checkbox"/> N95 respirator* <input type="checkbox"/> Gloves <input type="checkbox"/> Sleeved shirt <input type="checkbox"/> Long trousers <input type="checkbox"/> Safety toe footwear <input type="checkbox"/> Tyvek coveralls <input type="checkbox"/> Tyvek footwear
2						<p>(*)Employee <i>should</i> apply personal protection unless required by a procedure, supervisor or safety professional.</p> <p>Return To Page 1 Step 3 for FINAL CHECK OFF</p>
3				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
4				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
5				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
6				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
7				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
8				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
9				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	
10				<input type="checkbox"/> Elimination <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Administrative <input type="checkbox"/> PPE	<input type="checkbox"/> Removed the Hazard <input type="checkbox"/> Replaced the Hazard <input type="checkbox"/> Isolated the Hazard <input type="checkbox"/> Changed the Work Practice <input type="checkbox"/> Applied work specific PPE How is the control applied:	

By my signature I confirm I reviewed this JHA with the crew doing the work before any work began. Place a [X] in the box next to your signature if you helped complete this JHA.

Printed Name	Signature	Work Period 1	Work Period 2	Printed Name	Signature	Work Period 1	Work Period 2
01.	<input type="checkbox"/>			04.	<input type="checkbox"/>		
02.	<input type="checkbox"/>			05.	<input type="checkbox"/>		
03.	<input type="checkbox"/>			06.	<input type="checkbox"/>		