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| Job Hazard Assessment (JHA) *Complete this form before the start of each task or with any change in conditions.*   |  |  | | --- | --- | | Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   *Review the following with the work crew. List tasks and hazards, and identify controls.  High-risk tasks need a Safe Operating Procedure.*   |  |  |  | | --- | --- | --- | | **Personal Hazards** | **Activity Hazards** | **Environmental Hazards** | | \_\_ clear instruction provided | \_\_ welding/grinding | \_\_ spill potential | | \_\_ able to perform the task | \_\_ burn/heat sources | \_\_ climatic conditions | | \_\_ trained to use equipment/tools | \_\_ compressed gasses | \_\_ MSDS reviewed | | \_\_ distractions in the work area | \_\_ energized equipment | \_\_ ventilation required | | \_\_ working alone | \_\_ electrical cords condition | \_\_ heat stress/cold exposure | | \_\_ aware of weather conditions | \_\_ equipment/tools inspected | \_\_ other workers in the area | | \_\_ noise levels | \_\_ lockout procedure in place | \_\_ lighting levels | | \_\_ have all the correct PPE | \_\_ airborne particles | \_\_ housekeeping | |  |  |  | | **Ergonomic Hazards** | **Working at Height Hazards** | **Access/Egress Hazards** | | \_\_ working in a tight area | \_\_ barricades, flagging, and signs | \_\_ scaffold inspected and tagged | | \_\_ parts of body in the line of fire | \_\_ hole coverings in place | \_\_ slip/trip potential identified | | \_\_ working above your head | \_\_ protection from falling items | \_\_ required permits in place | | \_\_ pinch points identified | \_\_ powered platforms | \_\_ excavations | | \_\_ working without being trapped | \_\_ fall arrest | \_\_ confined space | | \_\_ repetitive movements | \_\_ ladders | \_\_ other |   **Identify and prioritize tasks and hazards, then identify plans to eliminate or control the hazards.**   |  |  |  | | --- | --- | --- | | **TASK** | **HAZARD\*** | **CONTROL** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   *\*All hazards must have action plans to eliminate or control them. Plans must be in place before starting a task.*  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |