



JOB HAZARD ANALYSIS (JHA) FORM

Complete with work crew at job-briefing before beginning work; Have all affected personnel sign-off in Block 9 of this form.

(1) JOB INFORMATION		
Date:		Job Name:
Physical Address:		Job Number Supervisor
(2) EMERGENCY PROCEDURES (LIST TELEPHONE NUMBERS AND ATTACH DIRECTIONS TO THE SITE.)		
Are 911 systems functional with cell phone use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fall Protection Rescue Procedures to be used:	<input type="checkbox"/> Fire Department <input type="checkbox"/> In-House Crew (Crew must be properly trained in rescue)	<input type="checkbox"/> Other: <i>Please describe.</i>
Ambulance:	Fire:	Police:
Local Hospital:	Telephone Co:	Utility Co:
Evacuation Point:	Construction Coordinator & Cell Phone:	
(3) JOB / TASKS FOR TODAY (Note: Any rigging with a payload weight of 10T - 50T = Medium Lift; or ≥ 50T= Heavy Lift; or a Critical Lift requires the submittal of an Engineer approved lift plan as required per contract requirements.)		
CHECK TYPE OF WORK BEING PERFORMED:		
<input type="checkbox"/> Working at Height > 6 feet	<input type="checkbox"/> Electrical	<input type="checkbox"/> Construction
<input type="checkbox"/> Heavy Lift (≥50T), <input type="checkbox"/> Incidental Lift (≤10T)	<input type="checkbox"/> Welding	<input type="checkbox"/> Heavy Equipment
		<input type="checkbox"/> Civil/Concrete/Masonry <input type="checkbox"/> Scaffolding
		<input type="checkbox"/> Decommissioning <input type="checkbox"/> Other:
(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"/> Permit Required	<input type="checkbox"/> Struck by/Contact With	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Electrical	<input type="checkbox"/> Overhead Work	<input type="checkbox"/> Cold Stress
<input type="checkbox"/> Elevation / Site Terrain	<input type="checkbox"/> Slips, Trip, or Falls	<input type="checkbox"/> EMI/RF/Radiological/Laser
<input type="checkbox"/> Falls from Elevations	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Heat Stress
<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> High Noise (>85 dBA)
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Other:	<input type="checkbox"/> Silica Exposure (Concrete/Stone Cutting)
		<input type="checkbox"/> Biological Hazards: Animals, Avian, Insects, Microbiological, etc.
		<input type="checkbox"/> Asbestos, Lead
		<input type="checkbox"/> Other:
(5) HAZARD CONTROL MEASURES		
PPE and Monitoring Equipment	Inspections (Complete All Prior to Use)	Safety Systems / Training
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Barricades, Pedestrian Shelters, Banner of Notices, PPE, and Warning Signs)
<input type="checkbox"/> Gloves	<input type="checkbox"/> Rigging	<input type="checkbox"/> Excavation & Trenching Plan/Log
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Lock-Out / Tag-Out
<input type="checkbox"/> Hearing	<input type="checkbox"/> Tag Lines	<input type="checkbox"/> Job Briefing Meeting
<input type="checkbox"/> RF / Radiological Monitors	<input type="checkbox"/> Ground Fault Protection	<input type="checkbox"/> Pre-Approved Plans (Critical Lifts, Roped-Access, Suspended Personnel Lift)
<input type="checkbox"/> Hazmat Suits; Level: D, C, B, A	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Color Coded Inspection Schemes for Rigging, Equip., Electrical Cords & Tools; Annotate Colors, Items, & Frequency.
<input type="checkbox"/> Safety Glasses, Goggles, Face Shield	<input type="checkbox"/> Hoists	<input type="checkbox"/> Uniform Traffic Control
<input type="checkbox"/> Safety Vest: Class 1, 2, 3	<input type="checkbox"/> Other:	<input type="checkbox"/> Permit Systems:
<input type="checkbox"/> Air Monitoring:		Confined Spaces: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>
<input type="checkbox"/> Oxygen Deficiency (< than 19.5%)		Electrical Work: Is a Permit, Outage, or Clearance Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>
<input type="checkbox"/> Oxygen Enrichment (> than 23.5%)		Fire, Smoke, Heat Alarms Deactivation: Are Permits Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>
<input type="checkbox"/> Flammable Gases/Vapors (> than 10% of LEL)		Welding/Hot/Burning: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>
<input type="checkbox"/> Airborne Combustible Dust (> than LFL)		Pressure/Chemical Pipe Opening: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>
<input type="checkbox"/> Toxic Gases or Vapors (> than PEL)		Egress Evacuation Routes Altered: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>
<input type="checkbox"/> Laser Safety:		<input type="checkbox"/> Other:
<input type="checkbox"/> X-Ray Monitoring:		
<input type="checkbox"/> Other:		
NOTE: Notify and confirm proper procedures, mitigation and/or protective steps taken with your company's designated Safety Representative & Site Manager before entering: any trench or any general excavation that is greater than 5' deep; or any Confined Space.		

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(6) COMPLETE FOR CIVIL WORK (PLEASE NOTE: ENGINEER APPROVED TRENCHING PLAN REQUIRED FOR TRENCHES > 5')

1. Describe type and depth of excavations ☐ Type A Soil/Rock ☐ Type B Soil/Rock ☐ Type C Soil/Rock:
2. Cave-in / Engulfment control measures to be used if excavation will be greater than 5 feet and personnel are entering the trench. ☐ Sloping ☐ Benching
☐ Shoring ☐ Trench ☐ Shield/Box ☐ Ladder in Trench > 5 Feet & Every 25' ☐ Sump Pump ☐ LOTO:
3. Describe elevation/site terrain/environmental concerns or hazards:
4. Describe hazards with site/vehicle access (High Traffic, Heavy Haul, Boom Cranes, and storage of materials/HazMat:
5. Describe the type of electrical or gas concerns or hazards (e.g. Electrical/Gas/Fiber Optic Lines):

(7) FALL PROTECTION & USING SUSPENDED PERSONNEL PLATFORM (Complete for Working at heights and Roped-Access)

Type of Elevated Work & Height: _____ :

Describe the fall protection system to be used when working aloft. ☐ Lifeline ☐ Personal Fall Arrest ☐ Safety Monitor ☐ Safety Net

Fall protection to be used. ☐ Full Body Harness ☐ One Lanyard ☐ Two Lanyards (100%) ☐ Rope Grab ☐ Cable Grab ☐ Retractable Lifeline

Has each employee inspected his or her fall protection equipment? ☐ Yes ☐ No

Hoisting Equipment to be used: < 20' Encroachment of Power Lines, ☐ Yes ☐ No; If yes, ID Voltage _____ KV; De-energize/Test/Ground Lines ☐ Yes ☐ No

☐ Staging or Scaffolding ☐ Forklift Platform ☐ Crane/Boom/Aerial Truck ☐ Scissor/Snorkel Lift

(8) REVIEWS AND SIGNATURES

GC Superintendent /Foreman

Lower-tier Subcontractor Supervisor

Name

Signature

Name

Signature

(9) PROJECT PERSONNEL ACKNOWLEDGEMENT (ALL AFFECTED PERSONNEL SIGN AFTER JOB BRIEFING)

Name:	Company:	CPR / First Aid		Name:	Company:
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		