



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"/> Decommissioning
		<input type="checkbox"/> Scaffolding
		<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"/> Lifting Hazards
		<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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Obtained <input type="checkbox"/>
<input type="checkbox"/> Oxygen Enrichment (> than 23.5%)		Fire, Smoke, Heat Alarms Deactivation: Are Permits Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Obtained <input type="checkbox"/>
<input type="checkbox"/> Airborne Combustible Dust (> than LFL)		Pressure/Chemical Pipe Opening: Is a Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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		