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| **Field Job Hazard Analysis**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of Nearest Hospital: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permits or Forms Required:   * Supervisor Safe Work Authorization * Asbestos Pipe Removal Checklist * Excavation Permit * Confined Space Permit * Hot Work Permit * Energy Isolation –Lock Out Tag Out Permit * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No Permit Required   Emergency Evacuation Area:  \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Eye Wash Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Aid Kit Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Special PPE for Job*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Special Tools and Equipment for Job*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tools & Equipment Inspected **before** beginning work?  **Yes** No  Supervisor Name and Job Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (print name and job title) | | | **Hazard Identification Checklist**  **Hazard SafetyControls**  **Slips, Trips, Wet Surface, Loose Footing**   * Clean Surface * Barricade * Alternate Pathway * Be Aware of Slope, Grade, Incline and Foot Placement * Relocate Tripping Objects   **Falls**  **• *Less than 6 feet:***   * Safe Ladder Position and Use Correct Ladder * Safe Body Position –Balance   **• *6 feet or greater:***   * Scaffolding with Handrails, (Toe Board if needed) * Harness with 2 Lanyards * Fall Protection Anchor (Tie-Off Point) * Retractable Device (Yo-Yo) * Approved Life Line * Scaffold Inspection Tag Current (todays date)   **Lifting, Pulling, Pushing**   * Correct Equipment for Task * Proper Lifting Technique * Smaller-Lighter Loads * Group Lifting Task (teamwork)   **Sharp Objects**   * Correct PPE -gloves, eye protection, face shield * Protective Guards * Safe Body Position   **Hand and Power Tools**   * Tool Guards and Handles Installed ***Correctly*** (see operator’s manual) * Inspect Electrical Cords * Ground Fault Curcit Interuptor (GFCI)   **Rotating Equipment**   * No Loose Clothing, No Jewelry, additional PPE if required * Machine Guards and Barricades * Emergency Stop Control Identified   **Portable Generators & Lighting**   * Fire Extinguisher Present, Emergency Shut-off Identified (Manual) * Portable Lighting Power Plug/Source Tagged “Do Not Remove” | | | | | | | **Airborne Materials, Dust, Silica -Concrete Cutting**   * Stand Upwind * Additional PPE -Dust Mask, Goggles * Dust Control –wet methods, water mist and spray   **Electrical Shock, Arc Flash**   * Lock Out Tag Out (LOTO) Permit, Tags and Log Sheet Posted * Test and Try Documented * Follow NFPA 70E Personal Protection Equipment Level (0-4) * Equipment Grounded, Exposed Wires Shielded * Barricades and Signs in Place   **Hot, Burning Materials**   * Hot Work Permit * Fire Resistant Clothing PPE * Fire Extinguisher and Fire Watch * Welding Shield, Blind, Fire Blanket * Remove Flammable Materials, Housekeeping * Respiratory Protection –welding fumes   **Chemical Exposure**   * (Material) Safety Data Sheet available and reviewed * Additional PPE -Chemical Gloves, Apron and Face Shield per SDS * Respiratory Protection –correct cartridge for chemical * Safe Body Position, Upwind, * Test Safety Shower before begining work –cool water present   **Heavy Equipment Operation**   * Document Pre-use Equipment Inspections –complete form * Operator Certification –card present and availible * Traffic Control, Barricades, Signs * Visual Operator Communication (Review Hand Signals), Spotter * Seatbelt Worn by Operator at ALL TIMES * Tag Line in place for Suspended Crane Loads * High Visibility Clothing worn in Work Area * Look for Overhead Obstacles (Power Lines: 10 ft. min. clearance) * Hard Hat Required for Overhead Work –Material Fall Hazard   **Confined Space Entry**   * Written Permit Document Completed and Posted * Trained Personnel, Attendant/Hole Watch present, Rescue Plan * Adequate Ventilation, Fan, Air Mover Present * Portable Ventalation Power Plug/Source Tagged “Do Not Remove” * Air Quality Monitoring Instrument -4 Gas Meter Calibrated | | | |
| **HAZARD ANALYSIS WORKSHEET** | * New/ Date: | | | | * Revised/ Time of Revision: | | | | * Subcontractor Company: | | |  | |
| Specific Work Task and Location: | | | | | | | | | Hazard Analysis completed by: | | |
| **Sequence of Basic Work Tasks:** | | | | **Hazard Identification** | | | | **Hazard Safety Controls Utilized** | | | | | |
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| \****By signing this document below, I have read and understand both sides of this Job Safety Analysis including: work hazards, special safety precautions, personal protective equipment (PPE), and permits required to perform my job task, and discuss any questions, concerns, or issues regarding my personal safety while performing the above job tasks with my Supervisor or Safety Department.*** | | | | | | | | | | | | | |
| **\* *Print Name*** | | ***\* Signature*** | | | | ***Task* #** | **\* Print Name** | | | | **\* Signature** | | **Task #** |
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