

## JOB HAZARD ANALYSIS FORM

### COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 12/9/2022	Job # (If Applicable):	Task Name/Description: <b>Angle Grinder Use</b>
Department: EHS		Supervisor:
(2) JOB/TASK STEPS (Most jobs require 5-10 basic steps)		
Basic Job Step	Hazard(s) – (See Sections 3 or EHS Hazard Report)	Correct/Safe Work Practice and Hazard Controls/PPE (See Section 4 or EHS Hazard Report)
Inspect/Prepare Tool	None anticipated	Check cord/plug/housing for defects first. Keep unplugged prior to activation. Ring test wheel by hanging loosely on a dowel or screwdriver and tapping with another tool at 4 locations. Wheel should make a ringing sound. If it makes a dull tap, discard as damaged. Orient guards to appropriate position for planned work. Don't handle moving parts while tool is plugged in. Wear safety glasses and direct tool away from body while testing functionality.
Install/tighten grinding/cutting wheel	-Injury from inadvertent startup. -Caught on/in (hands) if wheel rotates.	Unplug tool. Use correct spanner/wrenches to tighten wheel without over-tightening. Only use wheels with proper size centering hole to maintain disc alignment and balance.
Use of Tool	-Disc binding/explosion. -Disc binding/loos of control or dropping tool. -Struck by Flying debris, Sparks, fumes -Exposure to excessive noise -Ergonomic considerations. -Trip hazard from cord.	Secure/clamp work material before starting. <b>DO NOT CUT OR GRIND MOVEABLE MATERIAL.</b> Orient work material and tool so that debris is directed away from operator/bystanders, and work is performed from a comfortable position. Route cords safely. Don PPE before use. Always use two hands to hold grinder. Use in areas with adequate ventilation.
Cleanup	Contact with Sharp/hot object-work material or scraps.	Continue to use gloves while handling work material or scrap during post cutting activities.
Required Training: -Angle Grinder Use -Hand and power tool safety		PPE: -Appropriate work gloves -Safety Glasses -Face Shield -Hearing protection -Work boots/protective footwear

## JOB HAZARD ANALYSIS FORM—continued

### (3) JOB/TASK HAZARDS (COMPLETE IN LIEU OF OR ADDITION TO EHS WORKSITE HAZARD REPORT)

Items checked below relate to existing site conditions or work operations/steps.

<b>Hazardous Building Materials</b> <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead <input type="checkbox"/> PCB <input type="checkbox"/> Silica  <input type="checkbox"/> Caught On/By _____ <input checked="" type="checkbox"/> Caught Between/In _____ <u>Hands caught in/on moving disc</u>	<b>Contact/Exposure</b> <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Hazardous Energy <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input checked="" type="checkbox"/> Other _____  <u>sharp objects/scrap material:</u> <u>noise</u>	<b>Falls</b> <input checked="" type="checkbox"/> Same Level <input type="checkbox"/> Lower Level <input type="checkbox"/> Ladders <input type="checkbox"/> Other _____  <u>Trip/fall on cord</u>  <input checked="" type="checkbox"/> Struck By/Against _____ <u>Impact from</u> <u>Debris/sparks/exploding disc</u>	<b>Environmental/Physical</b> <input type="checkbox"/> Hazardous Atmospheres Confined Space <input type="checkbox"/> Non-Permit <input type="checkbox"/> Permit <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Pests/wildlife <input type="checkbox"/> Weather <input type="checkbox"/> Overexertion <input type="checkbox"/> Other _____
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### (4) HAZARD CONTROL MEASURES (COMPLETE IN LIEU OF OR ADDITION TO EHS WORKSITE HAZARD REPORT)

A) Task/Hazard Elimination	B) Substitution	C) Engineering/Process Controls	D) Administrative Controls	E) Personal Protective Equipment (PPE)
<input type="checkbox"/> Equipment changes  <input type="checkbox"/> Tool changes (IE reach poles)  <input type="checkbox"/> Remove hazardous items  <input type="checkbox"/> Work Timing/scheduling _____	<input type="checkbox"/> Use lower hazard product  <input type="checkbox"/> Use different form of product  <input type="checkbox"/> Less hazardous energy source _____	<input type="checkbox"/> Physical Barrier <input checked="" type="checkbox"/> Machine Guard <input type="checkbox"/> Ventilation <input type="checkbox"/> Machine/Process Enclosure <input type="checkbox"/> Mechanical Lifting Device <input type="checkbox"/> Wet Method/Dust Control <input type="checkbox"/> Chemical Use Controls <input type="checkbox"/> Process Automation <input type="checkbox"/> Manual Handling Aids	<input checked="" type="checkbox"/> See Section 2 for Correct/Safe work practices. <input checked="" type="checkbox"/> Training <u>Hand/Power tool safety;</u> <u>Angle Grinder Use</u>	<input type="checkbox"/> Fall protection <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Hearing <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> FR Clothing <input checked="" type="checkbox"/> Safety glasses <input checked="" type="checkbox"/> Other _____ <u>Protective Footwear</u>

**NOTE: Confirm mitigation and protective steps with your Supervisor/Safety Representative.**

### (5) COMPLETE FOR WORK AT HEIGHTS

**Elevation category:**

<input type="checkbox"/> Roof	<input type="checkbox"/> Scaffold	<input type="checkbox"/> Fixed Equipment
<input type="checkbox"/> Theater Rigging Area	<input type="checkbox"/> Lift	<input type="checkbox"/> Tree Climbing
<input type="checkbox"/> Loading Dock	<input type="checkbox"/> Fixed Platform	<input type="checkbox"/> Other: _____

**Fall protection to be used (Check all that apply)**

<input type="checkbox"/> Full body harness	<input type="checkbox"/> Fixed length lanyard	<input type="checkbox"/> Exclusion Zones	<input type="checkbox"/> Monitoring personnel
<input type="checkbox"/> Retractable lifeline	<input type="checkbox"/> Anchorage straps	<input type="checkbox"/> Physical restraint	<input type="checkbox"/> Other _____

Has each employee inspected his or her fall protection equipment? \_\_\_\_\_

Have all employees working at heights completed Fall Protection Training? \_\_\_\_\_

Describe the fall protection system to be used: \_\_\_\_\_

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