

JOB HAZARD ANALYSIS FORM

COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 12/15/2022	Job # (If Applicable):	Task Name/Description: Bike/Lock Removal
Department:		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)
Assess Bike lock to be cut	None Anticipated	Determine least hazardous means of lock removal based on lock type: 1) Bolt cutter/shears 2) Shimming/picking 3) Screw spreader/Jack 4) Angle Grinder [Last choice].
Prepare area/lock	-Ergonomic considerations -Pinch points	Clear trip hazards. Position bike so release of lock will not result in tipping and exposes lock for work. Immobilize lock using a wooden lever (teams), or tight strapping (if working alone). CUTTING/SPREADING LOOSE LOCKS, OR HAND-HOLDING LOCKS IS PROHIBITED.
Use of Bolt Cutter/Shears	-Struck by – Falling/shifting locks/bikes -Ergonomic considerations -Caught between-sprung lock components -Cuts	Immobilize lock. Select appropriate cutters. Select location for cut. Apply shears and increase pressure slowly to prevent slippage of jaws. Following cut, bend lock open (if necessary) using pry bar or wooden lever to avoid pinch/cut hazard.
Shimming/picking	-Struck by – Falling/shifting locks/bikes	Orient bike and lock in a manner to prevent falling/shifting during cutting. Use lock shims or picks to open lock.
Screw Spreader/Jacking	-Struck by – Falling/shifting locks/bikes -Ergonomic considerations -Caught between-sprung lock components -Cuts	Immobilize lock. Hand tighten screw spreader/jack inside the lock. Stand perpendicular to direction of spread and slowly tighten spreader until tension causes lock to pop open. Bend lock open (if necessary) using pry bar or wooden lever to avoid pinch/cut hazard.
Angle Grinder Use	-Struck by – Falling/shifting locks/bikes -Ergonomic considerations -Caught between - sprung lock components and tool components -Cuts/abrasions/lacerations -Electrical hazards	Work in teams where possible. Immobilize lock. Don PPE. Use both hands to control grinder. Orient tool and guard so that debris is directed away from operator/bystanders. Start tool before making contact with lock. Cut slowly keeping blade aligned with cut. Allow tool to stop completely before setting down.
Lifting/Loading Bikes	-Ergonomic considerations -Caught between – moving bike parts -Overexertion	Roll bikes on ground where possible. Stand facing side of bike and grip with two hands on non-moving parts of the frame. Lift using legs and keep bike close to body. Lower gently into vehicle bed to avoid being struck by moving components.
Required Training: For Grinders – Hand and power tool safety, Angle Grinder Use For all situations – Workplace ergonomics (multiple titles), Hand and power tool safety		PPE: -For Grinders – Safety glasses, hearing protection, work boots, abrasion resistant gloves -All situations – Work gloves,

JOB HAZARD ANALYSIS FORM—worksheets

(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.

Hazardous Building Materials <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead <input type="checkbox"/> PCB <input type="checkbox"/> Silica <input type="checkbox"/> Caught On/By _____ <input type="checkbox"/> Caught Between/In _____ <u>Moving tool/lock/bike components</u>	Contact/Exposure <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Hazardous Energy <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Other _____	Falls <input type="checkbox"/> Same Level <input type="checkbox"/> Lower Level <input type="checkbox"/> Ladders <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Struck By/Against _____ <u>Tool/Bike/Lock Components</u>	Environmental/Physical <input type="checkbox"/> Hazardous Atmospheres <input type="checkbox"/> 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 checked="" type="checkbox"/> Weather <input checked="" type="checkbox"/> Overexertion <input type="checkbox"/> Other _____ <u>Cuts/abrasions/lacerations</u>
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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"/> Other _____	<input type="checkbox"/> Use lower hazard product <u>Use least hazardous tool that will be effective</u> <input type="checkbox"/> Use different form of product _____ <input type="checkbox"/> Less hazardous energy source _____ <input type="checkbox"/> Other _____	<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 type="checkbox"/> Other _____	<input checked="" type="checkbox"/> See Section 2 for Correct/Safe work practices. <input checked="" type="checkbox"/> Training <u>Hand and Power tool, Angle Grinders, Workplace ergonomics</u> <input checked="" type="checkbox"/> Other <u>Work in teams where possible</u>	<input type="checkbox"/> Fall protection <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Hearing protection <input type="checkbox"/> Respiratory protection <input type="checkbox"/> FR Clothing <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Other _____ <u>Work Boots</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: _____

SEND A COPY OF YOUR COMPLETED JHA TO NAU EHS FOR INCLUSION IN THE NAU JHA LIBRARY



Screw Spreader



Lock shims



Hydraulic bolt/rebar cutter