

JOB HAZARD ANALYSIS FORM

COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 12/9/2022	Job # (If Applicable):	Task Name/Description: Chainsaw Use
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)
Pre-work Briefing/Tailgate Safety Session	None Anticipated	Brief workers on job objectives, required PPE, and emergency plan in the event of a serious injury.
Prepare work/area	<ul style="list-style-type: none"> -Trip hazards -Injuries to bystanders and co-workers. 	Clear brush/debris, establish secure footing. Demarcate work area with barricades, cones, caution tape, or spotters to keep bystanders out; consider the shape and lean of tree; wind force; escape route from work area.
Fueling/refueling chainsaw	<ul style="list-style-type: none"> -Burns, fire 	Allow saw to cool 5+ minutes before refueling. Fill outdoors on bare ground or noncombustible surface. Stay 20' from ignition sources during fueling. Use funnel and immediately clean up spillage. Move at least 10' from the fueling area before starting.
Start saw	<ul style="list-style-type: none"> -Cutting injuries to hand, foot, body parts -Flying debris -Noise 	Make sure co-workers are clear of saw. Don required PPE. Follow manufacturer's instructions for starting/operating saw. Keep cutting surface away from body.
Cutting operations	<ul style="list-style-type: none"> -Cutting injuries to hand, feet, body parts -Log or limb rolling into body -Kickback, blade backing away from wood -Flying debris -Muscle strain, fatigue -Hearing loss -Environmental Hazards. 	Stretch. Keep non-dominant arm/elbow straight. Two hands on saw. Body to the left of saw. Maintain secure footing. Never cut above shoulder level. Cut with the underside of saw blade when possible. Stop engine for refueling, adjustments, service. Stand upslope so cut pieces roll away from operator. Secure area downslope and large pieces. Make sure blade is moving before starting cut. Use wedge to keep blade from binding. Make sure solid objects (rocks etc.) do not contact blade. Use notch and back-cut techniques on standing trees >5" diameter. Take frequent breaks. Do not approach operators. Shout warnings to co-workers and bystanders when required.
Carrying saw	<ul style="list-style-type: none"> -Cutting hands, feet, body -Muscle Strain/fatigue 	Idle engine/stop chain when carrying less than 100'. Stop engine/sheath blade when carrying more than 100' or when exiting the demarcated area; never carry saw over shoulder. Use appropriate manual handling techniques.
Required Training:		PPE:
<ul style="list-style-type: none"> -Chainsaw Use -PPE training -Workplace ergonomics/Manual Handling 		<ul style="list-style-type: none"> -Safety Glasses with side protection -Face shield -Hard Hat

-Fall protection (if climbing/lift use are involved)
Specialty vehicle training (for lifts/bucket trucks etc)

-High Viz garments (recommended)
-Cut resistant chaps/pants
-Heavy work gloves
-Hearing protection
-Work boots
-Appropriate garments for environmental conditions

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.

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 checked="" type="checkbox"/> Caught Between/In <u>Falling/rolling objects</u>	Contact/Exposure <input type="checkbox"/> Electrical <input type="checkbox"/> Hazardous Energy <input checked="" type="checkbox"/> Chemical <input type="checkbox"/> Biological <input checked="" type="checkbox"/> Other _____ <u>Heat/Burn/Flame, Moving Saw</u> <u>parts, Noise,</u>	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>Falling/rolling objects</u>	Environmental/Physical <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 checked="" type="checkbox"/> Other _____ Ergonomic/lifting hazards <u>Saws, logs, branches</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"/> 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 type="checkbox"/> Machine Guard <input type="checkbox"/> Ventilation <input type="checkbox"/> Machine/Process Enclosure <input checked="" type="checkbox"/> Mechanical Lifting Device <input type="checkbox"/> Wet Method/Dust Control <input type="checkbox"/> Chemical Use Controls <input type="checkbox"/> Process Automation <input checked="" type="checkbox"/> Manual Handling Aids	<input checked="" type="checkbox"/> See Section 2 for Correct/Safe work practices. <input checked="" type="checkbox"/> Training <u>Chainsaw Use, PPE training,</u> <u>Workplace ergonomics</u> <u>training.</u>	<input checked="" type="checkbox"/> Fall protection <input checked="" type="checkbox"/> Gloves <input checked="" 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>Cut resistant</u> <u>pants/chaps</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 checked="" type="checkbox"/> Lift | <input checked="" 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 checked="" type="checkbox"/> Full body harness | <input type="checkbox"/> Fixed length lanyard | <input type="checkbox"/> Exclusion Zones | <input type="checkbox"/> Monitoring personnel |
| <input checked="" type="checkbox"/> Retractable lifeline | <input type="checkbox"/> Anchorage straps | <input type="checkbox"/> Physical restraint | <input checked="" type="checkbox"/> Other
<u>Arborist specific tree climbing</u>
<u>equipment/Climbing line</u> |

Has each employee inspected his or her fall protection equipment? _____

Have all employees working at heights completed Fall Protection Training? Mandatory: Response must be yes

Describe the fall protection system to be used: _____

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