

JOB HAZARD ANALYSIS FORM

COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 1/10/2023	Job # (If Applicable):	Task Name/Description: Confined Space Entry
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)
Determine if the work location is a confined space	-None Anticipated	<ul style="list-style-type: none"> • Confined Spaces have all these traits: <ul style="list-style-type: none"> ○ Not designed for human occupancy. ○ Limited means of Access/Egress ○ Large enough to Bodily Enter
Hold a pre job meeting to review potential hazards and work task. Develop a confined space entry plan specific to the task and location.	-None Anticipated	<ul style="list-style-type: none"> • The confined space form must be filled out and posted at the entry point. • All measures discussed at the planning meeting must be implemented.
Gather tools, PPE, equipment required for the task.	-None Anticipated	<ul style="list-style-type: none"> • Have on-hand before work starts <ul style="list-style-type: none"> ○ Communication devices ○ Testing equipment ○ PPE ○ Rescue equipment ○ Work tools
Perform Required pre-entry Lockout/Tag-out operations.	-Electric shock -Scald/burn -Engulfment -Asphyxiation	<ul style="list-style-type: none"> • Ensure all LOTO principles and procedures are followed for confined spaces within equipment or vessels of any kind. • Utilize whatever means to stop the flow of materials to a confined space IE blocking and blanking
Test for hazardous atmospheric conditions (IE low oxygen levels, CO2 levels, H2S levels).	-Asphyxiation -Exposure to poisonous gases -Explosive atmospheres	<ul style="list-style-type: none"> • Test using 4-gas meter or similar equipment. • If not compatible for human occupancy, ventilate the area and re-test until within limits. • Areas that will not ventilate properly require other controls such as inert gas, power ventilation, additional appropriate PPE.
Enter space and proceed with work.	-Electric shock -Scald/burn -Engulfment -Asphyxiation -falls (same or lower level) -Heat -Dark work areas -Environmental/pests/insects	<ul style="list-style-type: none"> • Post permit and any required warning signage at entry point. • Ensure the spotter/communications are in place and bystanders are blocked from entry. • Monitor the worker regularly and ensure communication device remains functional • Monitor air quality continuously during work and depart area immediately if conditions deteriorate.

		<ul style="list-style-type: none"> Perform work using all appropriate controls and PPE.
Cleanup and securement of confined space	<ul style="list-style-type: none"> -Electric shock -Scald/burn -Engulfment -Asphyxiation -falls (same or lower level) -Heat -Dark work areas 	<ul style="list-style-type: none"> Police area for tools, old parts, debris and waste related to work or prior jobs and remove all debris. Check vicinity for other workers or bystanders who may have entered before securing access. Finalize confined space entry form and notify any attending personnel or departments when work is completed. Provide completed documents to Supervisor and/or EHS for recordkeeping purposes.
Required Training: <ul style="list-style-type: none"> -Confined Space Entry -PPE training -ladder training (if ladder access is required) 		PPE: (Dependent on exact task type) MAY INCLUDE <ul style="list-style-type: none"> -4 gas meter -Hard hat/bump cap, -Respiratory protection, -Work gloves/coveralls/boots -Eye protection -Hearing protection -Flashlight

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 checked="" type="checkbox"/> Asbestos <input checked="" type="checkbox"/> Lead <input type="checkbox"/> PCB <input checked="" type="checkbox"/> Silica <input type="checkbox"/> Caught On/By _____ <input type="checkbox"/> Caught Between/In _____	Contact/Exposure <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Hazardous Energy <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Other _____	Falls <input checked="" type="checkbox"/> Same Level <input checked="" type="checkbox"/> Lower Level <input checked="" type="checkbox"/> Ladders <input type="checkbox"/> Other _____ <input type="checkbox"/> Struck By/Against _____	Environmental/Physical <input checked="" type="checkbox"/> Hazardous Atmospheres Confined Space <input checked="" type="checkbox"/> Non-Permit <input checked="" type="checkbox"/> Permit <input checked="" type="checkbox"/> Heat <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Pests/wildlife <input type="checkbox"/> Weather <input checked="" type="checkbox"/> Overexertion <input type="checkbox"/> Other _____ <u>Dark work spaces, entrapment,</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 checked="" type="checkbox"/> Use lower hazard product <u>non volatile/non-toxic products</u> <input type="checkbox"/> Use different form of product _____ <input checked="" type="checkbox"/> Less hazardous energy source <u>Avoid use of flame if possible</u> <input type="checkbox"/> Other _____	<input type="checkbox"/> Physical Barrier <input type="checkbox"/> Machine Guard <input checked="" type="checkbox"/> Ventilation <input type="checkbox"/> Machine/Process Enclosure <input type="checkbox"/> Mechanical Lifting Device <input type="checkbox"/> Wet Method/Dust Control <input checked="" 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 _____ <input checked="" type="checkbox"/> Other <u>LOTO Procedures, 2 person</u> <u>work crews</u>	<input type="checkbox"/> Fall protection <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Hearing protection <input checked="" type="checkbox"/> Respiratory protection <input checked="" type="checkbox"/> FR Clothing <input checked="" type="checkbox"/> Safety glasses <input type="checkbox"/> Other _____

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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