

## JOB HAZARD ANALYSIS FORM

### COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 12/9/2022	Job # (If Applicable):	Task Name/Description: <b>Ladder 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)
Select ladder	None anticipated	Ladders must be tall enough to access work without standing on top rung. A-Frame ladders may not be leaned against walls. Extension ladders must be tall enough to extend 3' above elevated surfaces if used for access/egress. Follow the rated load capacity on the ladder sticker.
Inspect ladder	Overexertion-lifting hazards. Caught between – ladder components.	Inspect for damage or loose mechanisms including split/bent side rails, broken or missing rungs/steps/cleats, missing/damaged safety devices, missing safety labels, dirt, oil or contaminants that could cause slips. <b>DO NOT USE IF ANY DEFICIENCIES ARE NOTED.</b> Use caution around folding/sliding components.
Set up ladder	-Falls-Same or lower level. -Overexertion-lifting hazards. -Caught between-ladder components. -Contact/exposure – electrical circuits	Set-up on even, stable, non-slip surface. Ensure spreaders or locking mechanisms engaged. In high traffic areas, demarcate work area with cones/caution tape. For taller ladders, use two people to move and set up the ladder. Check for overhead power sources before setting up or climbing. Do not use metal ladders near power lines/electrical equipment. Use caution around folding/sliding components.
Ascend ladder/perform task	-Falls-Same or lower level.	Maintain three points of contact while on the ladder. Do not stand on the top rung or top cap of A-Frame or top two rungs of extension ladder. Stay in the center of the rungs and face the ladder. Do not lean outside the ladder side rails. Use a fall protection system and complete worksheet 5 of this form when performing work from elevated surfaces.
Take down ladder/return to storage location	-Falls-Same or lower level. -Overexertion-lifting hazards. -Caught between-ladder components. -Contact/exposure – electrical circuits	Scan area for obstacles prior to taking down. Be aware of ladder dimensions in relation to overhead hazards, obstacles, or individuals. Use caution around folding/sliding components. For taller ladders, use two people to move the ladder. Do not block electrical panels or fire extinguishers.
Required Training: -Ladder Safety -Fall Protection (For work on elevated surfaces)		PPE: -Appropriate Fall Protection equipment for access unprotected elevated surfaces. -Work gloves (optional)

## 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 moving parts</u>	<b>Contact/Exposure</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Hazardous Energy <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Other _____	<b>Falls</b> <input 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 _____	<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 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>Ladder safety, Fall Protection</u>	<input checked="" type="checkbox"/> Fall protection <input type="checkbox"/> Gloves <input type="checkbox"/> Hard hat <input type="checkbox"/> Hearing <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> FR Clothing <input 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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