

## JOB HAZARD ANALYSIS FORM

### COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: <b>12/15/2022</b>	Job # (If Applicable):	Task Name/Description: <b>Lifting/Moving heavy objects</b>
Department:		Supervisor:
(2) JOB/TASK STEPS <span style="background-color: yellow;">(Most jobs require 5-10 basic steps)</span>		
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 object and area	None Anticipated	Is object too heavy or awkward to lift without help? Does it have adequate handholds? Is PPE needed? Are there any trip or other hazards which need to be addressed?
Perform Lift and carry	-Falls (same or lower level) -Slip/trip -Caught between (hand/foot) - Overexertion	Stretch. Check for and correct trip/fall hazards in the walking path. Don appropriate hand/footwear. Divide load/work in teams if object exceeds 50lb or personal ability. Lift with legs, keeping object close to torso. Rest or reposition when necessary. Use lifting aids, hand trucks, or similar equipment where practical.
Lowering Object	-Overexertion -Caught between (hand/foot)	Reverse lifting process. Bend at knees, keep head up and core tight. Avoid twisting motions. Keep load close to body.
<b>Required Training:</b> -Workplace Ergonomics/safe lifting and carrying (multiple titles)		<b>PPE:</b> -Gloves -Non-slip footwear



## 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.

<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/feet caught between object and building components/floor</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 checked="" type="checkbox"/> Same Level <input checked="" type="checkbox"/> Lower Level <input type="checkbox"/> Ladders <input checked="" type="checkbox"/> Other _____ <u>Trip hazards</u> _____ <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 checked="" 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 checked="" type="checkbox"/> Other <u>Divide Load or work in teams.</u>	<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 type="checkbox"/> See Section 2 for Correct/Safe work practices. <input checked="" type="checkbox"/> Training <u>Workplace Ergonomics/Safe lifting</u>	<input type="checkbox"/> Fall protection <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Hard hat <input type="checkbox"/> Hearing protection <input type="checkbox"/> Respiratory protection <input type="checkbox"/> FR Clothing <input type="checkbox"/> Safety glasses <input checked="" type="checkbox"/> Other <u>slip resistant shoes</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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