

JOB HAZARD ANALYSIS FORM

COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 1/11/2023	Job # (If Applicable):	Task Name/Description: Office Operations
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)
Workstation operations	-Hand, wrist, back, eye fatigue or injury	<ul style="list-style-type: none"> Maintain proper workstation setup and alignment per OSHAeTool tutorial. Use adequate lighting Take frequent breaks to stretch/rest eyes and body Consider standing desk or other ergonomic options
	-Electric shock	<ul style="list-style-type: none"> Never “daisy chain” electrical cords or power strips. Do not use extension cords for permanent/long term installations. Keep liquids away from electrical equipment Do not use equipment/outlets with damaged cords/plugs
	-Smoke/fire	<ul style="list-style-type: none"> Do not block aisles, hallways, or ingress/egress routes. Locate and understand the local emergency evacuation plan. Participate in announced and unannounced fire drills and training. Report missing or damaged fire detection or suppression equipment for repair.
	-Slip/trip/fall	<ul style="list-style-type: none"> Keep work and storage areas clean and orderly to eliminate trip hazards. Use appropriately rated ladders to access high storage. Never stand on chairs/desks
Computer operation	-Repetitive Motion	<ul style="list-style-type: none"> Avoid activities requiring excessive up/down or back/forth wrist movement Position hands so that forearm/wrist/hand remain in a straight line while working. Take frequent short breaks Avoid wearing restrictive watch bands, jewelry or clothes with tight sleeves Keep relaxed posture and grip while using mouse. Don’t squeeze mouse or twist with the wrist. Adjust chair to support operators’ arms/hands while typing.

	-Eye, back, and neck strain	<ul style="list-style-type: none"> • Adjust location and angle of screen so that top of screen is at roughly eye level and viewable from a neutral position • Use task lights to lower ambient light level and increase screen contrast • Consider sit/stand desk for long work shifts • Adjust screen controls for most comfortable viewing.
Lifting/moving objects – Manual handling tasks	-Overexertion/muscle strain	<ul style="list-style-type: none"> • Use proper lifting technique, bend at knees, keep back straight, lift with legs, keep load close to body. • Ask for help with heavy loads • Reduce weight of object by separating into smaller parcels • Use mechanical lifting devices where applicable
	-Slip/trip/fall	<ul style="list-style-type: none"> • Clear path before walking • Do not obstruct view with object • Use spotters where necessary • Clean spills and use anti slip mats where necessary
Required Training: -Slips, Trips, and Falls -Workplace ergonomics -Ladder Safety (If ladders are used at any time)		PPE:



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 _____	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 checked="" type="checkbox"/> Same Level <input checked="" type="checkbox"/> Lower Level <input type="checkbox"/> Ladders <input checked="" type="checkbox"/> Other <u>Icy conditions</u> <input type="checkbox"/> Struck By/Against _____	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 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 checked="" type="checkbox"/> Remove hazardous items _____ <input type="checkbox"/> Work Timing/scheduling _____ <input type="checkbox"/> Other _____	<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"/> Other _____	<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 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>Housekeeping/space cleanup</u> _____	<input type="checkbox"/> Fall protection <input 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 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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