

JOB HAZARD ANALYSIS FORM

COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 12/15/2022	Job # (If Applicable):	Task Name/Description: Snow Removal
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)
Inspect removal area, gather equipment and PPE	-Cold exposure	Determine scope and extent of work, assess for areas of high hazard (icy, sloped, traffic, etc). Select equipment based on specific conditions. Don PPE before beginning work.
Shoveling and Scraping activities	-Cold Exposure -Overexertion -Slip/fall (same level)	Stretch. Use shovels which provide an ergonomic/mechanical advantage. Only shovel as much as is comfortably lifted. Work at a steady pace. Take frequent breaks. Practice situational awareness for traffic, Ice, and other hazards.
Use of Snowblower	-Cold Exposure -Overexertion -Slip/fall (same level) -Caught between (moving parts) -Exposure (gasoline)	Stretch. Allow equipment to do the work and don't push or throw equipment to speed process. Move at a steady pace. Take frequent breaks. Keep hands/feet clear of moving components. Allow engine to cool briefly before refueling and use caution decanting fuel. Use equipment in accordance with equipment specific training provided by supervisor.
Use of Snowplow or skid-steer	-Cold Exposure -Slip/fall (same level) -Caught between (moving parts) -Struck by (moving equipment)	Work slowly and practice situational awareness for traffic, pedestrians, and obstacles (curbs, rails, grates) which can obstruct plows and injury or property damage. Use equipment in accordance to equipment specific training provided by supervisor.
Application of ice-melt/sand	-Cold Exposure -Slip/fall (same level) -Exposure (chemical)	Wear appropriate gloves, garments, and slip resistant footwear. Follow directions for snow melt compound application.
Required Training: -Temperature Extremes/Heat and Cold Stress -Workplace ergonomics -Equipment specific training		PPE: -Temperature appropriate, water resistant garments -slip resistant footwear -Insulated gloves -Warm hat

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 checked="" type="checkbox"/> Caught Between/In <u>Extremities/body caught in moving machinery</u>	Contact/Exposure <input type="checkbox"/> Electrical <input type="checkbox"/> Hazardous Energy <input checked="" type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Other <u>Snow melt compound</u>	Falls <input checked="" 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>Struck by snow removal equipment</u>	Environmental/Physical <input type="checkbox"/> Hazardous Atmospheres <input type="checkbox"/> Confined Space <input type="checkbox"/> Non-Permit <input type="checkbox"/> Permit <input type="checkbox"/> Heat <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Pests/wildlife <input checked="" 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 checked="" type="checkbox"/> Equipment changes <u>Snow removal equipment with deadman switches</u> <input checked="" type="checkbox"/> Tool changes (IE reach poles) <u>Shovels with mechanical/ergonomic advantage</u> <input type="checkbox"/> Remove hazardous items <input checked="" type="checkbox"/> Work Timing/scheduling <u>Worker rotation to minimize exposure to cold</u> <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 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 type="checkbox"/> Other	<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"/> Footwear <input checked="" type="checkbox"/> Other <u>Temperature appropriate clothing</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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