NAU NORTHERN ARIZONA UNIVERSITY

JOB HAZARD ANALYSIS FORM

COMPLETE <u>BEFORE</u> BEGINNING WORK

(1) JOB INFORMATION									
Date:1/6/2023	Job # (If Applicable):	Task Na	Task Name/Description: String Trimmer Operation						
Department:			Supervisor:						
(2) JOB/TASK STEPS (Most jobs require 5-10 basic steps)									
Basic Job Step	Hazard(s) – (See Sect or EHS Hazard Re		Correct/Safe Work Practice and Hazard Controls/PPE (See Section 4 or EHS Hazard Report)						
Perform Pre-use tool and workspace inspection	-None anticipated		 Review manual for inspection criteria, Check mechanical operation points (pull cord, start, stop, throttle), Guards in place, Check for fuel leaks, damaged ignition components, damaged drive or cutting components. 						
Starting Trimmer	-Caught by (pull starter, o wire) -Overexertion/ergonomic muscles) -Noise/Hearing	-	 Perform starting procedure per equipment operator's manual. Do not allow the cord to snap back, guide cord to rewind properly and smoothly. Inspect and replace if damagedor remove tool from service. 						
Trimmer Operation	-Struck by (trimmer wire debris/rocks) -Trip/Fall (same level) -Overexertion -Cuts/Abrasions -Heat/Cold/Weather -Pests/Wildlife -Noise/Hearing	e, flying	 Use properly mounted deflectors. Do not operate near (20ft) bystanders. Before cutting, inspect area and avoid stones, glass, metal, other objects, or wildlife/insects/pests. Wear ANSI approved safety glasses, work boots, work gloves, hearing protection, and leg protection. Use properly adjusted harness and handles. Use smooth, even sweeping motions when cutting. Take adequate rest breaks to prevent fatigue and repetitive motion injuries. Do not raise the cutting head above waist height. 						
Trimmer Fueling and Maintenance	-Chemical Exposure (fuel) -Fire/burn -Struck by (moving parts or flying debris)		 Shut down and allow engine to cool 5 min before refueling. Fuel and adjust according to operator's manual. Stop engine and allow equipment to stop moving before adjusting or repair work. 						
Required Training: -Hand and Power tool -Temperature Extremes		-Work -Work -Hearii	approved safety glasses boots gloves ng protection nkle protection						

NAU NORTHERN ARIZONA UNIVERSITY

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 Asbestos Lead PCB Silica Caught On/By Caught Between/In	Contact/Exposure Electrical Hazardous Energy Chemical Biological Other		Falls ⊠ Same Level □ Lower Level □ Ladders □ Other ⊠ Struck By/Agains 							
(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)				
 Equipment changes Tool changes (IE reach poles) Remove hazardous items Police area for debris/wildlife to remove/avoid Work Timing/scheduling Other 	Use lower hazard product Use different form of product Less hazardous energy source Other	 Physical Barrier Machine Guard Ventilation Machine/Process Enclosure Mechanical Lifting Device Wet Method/Dust Control Chemical Use Controls Process Automation Manual Handling Aids Other 		 ☑ See Section 2 for Correct/Safe work practices. ☑ Training ☐ Other 		 □ Fall protection □ Gloves □ Hard hat □ Hearing protection □ Respiratory protection □ FR Clothing □ Safety glasses □ Other _ Leg/ankle protection 				
NOTE: Confirm mitigation and protective steps with your Supervisor/Safety Representative.										
(5) COMPLETE FOR WORK AT HEIGHTS										
Elevation category: Roof Theater Rigging Area Loading Dock	□ Scaffold □ Lift □ Fixed Platforn		 □ Fixed Equipment □ Tree Climbing □ Other: 		_					
Fall protection to be used (Che			Evolution 7		🗆 Monitorin a norres	mal				
 □ Full body harness □ Fixed length lanyard □ Retractable lifeline □ Anchorage straps 		□ Exclusion Zones □ Monitoring point □ Physical restraint □ Other		 Monitoring person Other 	inei					
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: SEND A COPY OF YOUR COMPLETED THA TO NATLENS FOR INCLUSION IN THE NATL THAT URBARY										