

## JOB HAZARD ANALYSIS FORM

### COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: <b>1/23/2023</b>	Job # (If Applicable):	Task Name/Description: <b>Trash Removal/Disposal</b>
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)
Pre-Removal Activities	-None Anticipated	<ul style="list-style-type: none"> <li>Identify and gather tools/equipment will be used for the day and inspect for damage. Only use equipment in good working order.</li> <li>Remove damaged tools/equipment from service and dispose of them properly or report for repair/replacement.</li> </ul>
Removal/Disposal Activities	-Exposure to Blood Borne Pathogens	<ul style="list-style-type: none"> <li>PPE required for locations with high BBP risk: Non-permeable gloves, disinfectant, hand sanitizer, disposable or washable coveralls, eye protection.</li> <li>Disinfect all trash receptacle touch surfaces before emptying.</li> <li>When picking-up loose trash, utilize trash picker poles whenever possible and carefully place trash in bags/receptacles.</li> <li>Avoid unnecessary bodily contact with trash bags/receptacles.</li> <li>Remove gloves and coveralls using safe removal techniques and dispose in appropriate trash receptacle. Remove coveralls before gloves.</li> <li>Wash hands or use hand sanitizer that contains at least 60% alcohol as soon as possible.</li> </ul>
	-Lacerations / Pinches / Punctures	<ul style="list-style-type: none"> <li>Keep hands away from potentially dangerous tight or sharp areas or hinge points.</li> <li>Wear safety gloves. Inspect tools, waste containers, and objects prior to operating.</li> <li>If working as a team, use good communication practices to keep workers in sync.</li> <li>Keep sharp edges away from your body.</li> </ul>
	-Overexertion	<ul style="list-style-type: none"> <li>Pre-shift or pre-lift stretching and warm up is strongly recommended.</li> <li>Make sure you are comfortable with the load you are lifting. Seek assistance if needed.</li> <li>Whenever possible use two people when loading items (especially heavy/odd-shaped items) to avoid injury.</li> <li>Do not twist and lift simultaneously.</li> <li>Do not attempt to throw or swing bags into dumpsters.</li> <li>Use waste carts where practical to minimize lifting/carrying.</li> </ul>
	-Eye Injuries	<ul style="list-style-type: none"> <li>Use protective goggles to prevent splash/spray injury.</li> <li>Ensure eye protection provides enough visibility. Keep lenses clean.</li> <li>Discard and replace eye protection when scratched or damaged.</li> <li>Follow chemical use instructions including prohibitions against spraying or splashing.</li> </ul>

	-Weather Exposure	<ul style="list-style-type: none"> <li>• Wear appropriate clothing for the weather conditions including proper footwear.</li> <li>• Limit exposure to extreme weather by staging materials and taking occasional breaks to warm up or cool down indoors.</li> <li>• Drink plenty of fluids (cool in hot weather and warm in cold weather).</li> <li>• Watch co-workers for signs of temperature exposure/injury and take action if needed.</li> </ul>
	-Slip/Trip/Fall	<ul style="list-style-type: none"> <li>• Wear appropriate traction footwear when working in slippery circumstances.</li> <li>• Do not carry more than can be easily stabilized. Get assistance with heavy or awkward loads.</li> <li>• Inspect or clear paths of travel before carrying/moving waste to prevent trip/fall.</li> </ul>
Sharps Removal	-Exposure to Blood Borne Pathogens	<ul style="list-style-type: none"> <li>• PPE Requirements: Safety gloves; safety boots, goggles</li> <li>• Sharps Disposal Procedures: <ul style="list-style-type: none"> <li>○ Place the sealed Sharps container in a secure location for transport, whether it is in a dedicated truck position, bucket, can or other.</li> <li>○ Upon return, contact EHS for disposal of sharps.</li> </ul> </li> <li>• Sharps Containers must be: <ul style="list-style-type: none"> <li>○ Made of puncture and leak resistant material with a tight - fitting lid.</li> <li>○ Properly labeled to warn of hazardous waste inside the container.</li> </ul> </li> </ul>
Remove / Contain / Dispose of PPE	-Exposure to BBP	<ul style="list-style-type: none"> <li>• Remove washable/reusable gowns and over clothing, dispose in a dedicated container or laundry basket.</li> <li>• Remove gloves: First glove peeled off/turned inside out during removal and held by the opposite hand, Then turning the remaining glove inside out, capturing first glove as it is removed. Followed by washing hands or using hand sanitizer.</li> <li>• Remove and clean safety glasses and spray shields.</li> <li>• PPE trash may be disposed of in regular trash streams</li> </ul>
<b>Required Training:</b> -Workplace Ergonomics/Safe Lifting -Slip, Trip, Fall Training -BBP awareness (If exposure to BBP/sharps is anticipated) -PPE training		<b>PPE:</b> -Appropriate work gloves -Slip resistant footwear -Picker Poles -Safety Goggles/glasses (situation dependant) -Disposable/washable covering garments

## 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 type="checkbox"/> Caught Between/In _____	<b>Contact/Exposure</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Hazardous Energy <input checked="" type="checkbox"/> Chemical <input checked="" type="checkbox"/> Biological <input type="checkbox"/> Other _____	<b>Falls</b> <input checked="" type="checkbox"/> Same Level <input type="checkbox"/> Lower Level <input type="checkbox"/> Ladders <input type="checkbox"/> Other _____ <input type="checkbox"/> Struck By/Against _____	<b>Environmental/Physical</b> <input type="checkbox"/> Hazardous Atmospheres <input type="checkbox"/> 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 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 type="checkbox"/> Equipment changes <u>Waste carts</u> <input type="checkbox"/> Tool changes (IE reach poles) <u>lifting aids or picker poles</u> <input 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 checked="" 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 <u>ergonomics, slip/trip/fall, BBP awareness</u> <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 checked="" type="checkbox"/> Safety glasses <input checked="" type="checkbox"/> Other <u>Traction footwear, disposal aprons/coveralls,</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: \_\_\_\_\_

**SEND A COPY OF YOUR COMPLETED JHA TO NAU EHS FOR INCLUSION IN THE NAU JHA LIBRARY**