

JOB HAZARD ANALYSIS FORM

COMPLETE BEFORE BEGINNING WORK

(1) JOB INFORMATION		
Date: 1/25/2023	Job # (If Applicable):	Task Name/Description: Work at Heights (Roof, Scaffold, Dock, Platform) over 4' above lower level
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-Access assessment and inspection	-Fall to lower level (If work area must be accessed for inspection)	<ul style="list-style-type: none"> Inspect work area (roof, dock, etc.) or equipment (scaffold, platform, etc) prior to use. Active fall protection (IE Personal Fall Arrest System-PFAS) is required if 42" guardrails, parapets, or other barriers are not present. Identify and correct foreign substances, water, trip hazards, etc. which may pose a secondary hazard. Identify any required fall protection or physical restraint equipment needs and assemble equipment prior to starting work. Arrange for safety monitor if work will be performed within 6' of an edge. Inspect equipment using the appropriate pre-use inspection checklist. Remove damaged, defective, worn equipment from service. Plan access/egress points, safe paths of travel, and work locations.
Equipment Setup	-Pinch Points/Caught Between -Struck by (falling/swinging objects) -Overexertion -Falls (same or lower level)	<ul style="list-style-type: none"> When unfolding and setting up equipment, be aware of pinch points and wear gloves, if necessary. Work in teams to lift/erect bulky or tall equipment. Ensure equipment is set-up on stable ground. Where leveling is necessary, screw jacks or equipment specific leveling tools must be used. Lock casters and wheels with wheel and swivel locks to prevent movement during use. If outriggers are installed, deploy per equipment instructions before use. All locking pins, caster stems, and wheel stems must be engaged before use. Provide a safe method of access and egress. Climbing the exterior end frame of scaffolds/platforms etc. may cause tipping/falls. Use guardrails along all open sides and ends of platforms, which include top rails, mid -rails, and toe boards. In high traffic areas, secure the work area with cones and/or caution tape.



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>folding equipment parts</u>	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 checked="" type="checkbox"/> Ladders <input checked="" type="checkbox"/> Other <u>Scaffolds/platforms/docks, etc</u> <input checked="" type="checkbox"/> Struck By/Against _____ <u>falling objects</u>	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 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>Select guardrails/passive protection where possible.</u> <input type="checkbox"/> Tool changes (IE reach poles) _____ <input type="checkbox"/> Remove hazardous items _____ <input type="checkbox"/> Work Timing/scheduling _____ <input checked="" 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 checked="" 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>Task specific PPE</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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