



# Job Hazard Analysis (JHA)

JHA No.:		Job Title:	
Date:		Work Group Lead:	Contact No.:
<input type="checkbox"/> New	Revision Number:	Revision Date:	Class/Project Executing Work:
<input type="checkbox"/> Revision			
Bldg.:		Lab No.:	Lab Supervisor:

Review and Acceptance	Name:	Date Reviewed:	Signature:
	Team Member 1		
	Team Member 2		
	Team Member 3		
	Team Member 4		
	Faculty Supervisor:		
	Lab Manager:		

## Job Description (Scope of Work)

*What are the steps you will go through to complete the work?*

Give a brief summary of the work to be done.

This job is tentatively scheduled to begin on: \_\_\_\_\_

The duration of the work is scheduled to last: \_\_\_\_\_

## Emergency Contact Information

*Whom do you call in case of emergency*

NAME	OFFICE	PHONE	MOBILE	EMAIL

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### Job Primary Hazard Summary

*What hazards may employees encounter in execution of this work?*

Y	N	Hazard	Description	Y	N	Hazard	Description
<input type="checkbox"/>	<input type="checkbox"/>	Pressure	Max & min pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	High voltages, proximity to water, etc?
<input type="checkbox"/>	<input type="checkbox"/>	Temperature	Max & min temperature?	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	Exposed pinch hazards, high weight?
<input type="checkbox"/>	<input type="checkbox"/>	Flammable	Max NFPA flammability rating?	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	Max concentration?
<input type="checkbox"/>	<input type="checkbox"/>	Reactive	Max NFPA reactivity rating?	<input type="checkbox"/>	<input type="checkbox"/>	Biohazard	Biohazard level?
<input type="checkbox"/>	<input type="checkbox"/>	Toxic	Max NFPA toxicity rating?	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

### Job Specific PPE Requirements

*What PPE do your employees need to complete this work safely?*

This portion of the Job Hazard Analysis is for supervisory planning purposes to determine PPE that must be worn/used to perform this work. PPE requirements should be verified with the Safety Department.

Y	N		Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Hardhat	<input type="checkbox"/>	<input type="checkbox"/>	Safety Glasses with Side Shields	<input type="checkbox"/>	<input type="checkbox"/>	Safety Toed Boots
<input type="checkbox"/>	<input type="checkbox"/>	FRC Coveralls	<input type="checkbox"/>	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsal Guard Boots
<input type="checkbox"/>	<input type="checkbox"/>	Additional FRC Clothing	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection (Plugs)	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Protective Boots
<input type="checkbox"/>	<input type="checkbox"/>	Chemical Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection (Muffs)	<input type="checkbox"/>	<input type="checkbox"/>	Nitrile Gloves
<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Welding Hood/Goggles	<input type="checkbox"/>	<input type="checkbox"/>	Chloroflex Gloves
<input type="checkbox"/>	<input type="checkbox"/>	Air Purifying Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Welding Leathers	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Protective Gloves
<input type="checkbox"/>	<input type="checkbox"/>	Air Supplied Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Welding Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Face Shield
<input type="checkbox"/>	<input type="checkbox"/>	SCBA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### Available Safety Equipment

*What safety equipment might you need in execution of this work?*

This portion of the Job Hazard Analysis is for supervisory planning purposes to determine safety equipment that must be available during this work. Safety equipment requirements should be verified with the Safety Department.

Y	N	Equipment	Location
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	
<input type="checkbox"/>	<input type="checkbox"/>	Safety Shower	
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	
<input type="checkbox"/>	<input type="checkbox"/>	Spill Kit	
<input type="checkbox"/>	<input type="checkbox"/>	Eyewash	
<input type="checkbox"/>	<input type="checkbox"/>	Fume Hood	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

### Chemical Agent Index

*What chemicals will you use or be exposed to?*

MSDS Available?	NFPA 704 H,F,R,S	Chemical Name and Manufacturer
<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Y <input type="checkbox"/> N		



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### Risk Assessment Ranking Process

**Rank your potential risks. Which job steps are more hazardous than others?**

#### Boston Square

		Consequences Categories			
		I	II	III	IV
Probability Categories	A	1	1	2	3
	B	1	2	3	4
	C	2	3	4	5
	D	3	4	5	5

<p><b>Probability Categories:</b></p> <p><b>A= Extremely Probable:</b> Potential exists for repeated incidents to occur.</p> <p><b>B= Probable:</b> Potential exists for isolated incidents to occur. This will happen.</p> <p><b>C= Possible:</b> Potential exists for occurring sometime, seldom. This may happen.</p> <p><b>D= Unlikely:</b> Remotely possible. Not likely this will happen.</p>	<p><b>Consequence Categories:</b></p> <p><b>I Catastrophic</b> One or more fatalities and/or hospitalization.</p> <p><b>II Critical</b> Serious injury resulting in permanent disability, serious environmental impact or significant property damage/loss.</p> <p><b>III Significant</b> OSHA recordable injury or moderate environmental impact.</p> <p><b>IV Minor</b> First aid injury, near-incident or small spill.</p>
<p><b>Risk Assessment Definitions</b></p> <p>1) <b>Very High:</b> Multiple safeguards required from all four categories. <b>A, B, C, &amp; D.</b></p> <p>2) <b>High:</b> Safeguards required in at least three categories, including <b>A &amp; B.</b></p> <p>3) <b>Medium:</b> Safeguards required in at least two categories, including <b>A.</b></p> <p>4) <b>Low:</b> At least one safeguard required from category <b>A.</b></p> <p>5) <b>Negligible:</b> Corrective action not required.</p>	<p><b>Safeguard Categories:</b></p> <p><b>A. Physical:</b> Mechanical barriers, machine guarding, noise attenuation barriers, appropriate tools, etc.</p> <p><b>B. Procedural:</b> Policies, work permit, Safety manuals, JSA, etc.</p> <p><b>C. Human:</b> Constant monitoring, training, training records, use of specialist personnel, clear definition of roles &amp; responsibilities, etc.</p> <p><b>D. Contingency:</b> Any measure to control or mitigate the consequences if it occurs.</p>