



HTE / HTTS Job Hazard Analysis



STOP THINK. OBSERVE. PERFORM.

Employee:	Work Order #:	
Date:	Location:	
Description of Work:		
Roster (By signing, employees acknowledge they have reviewed all hazards and controls identified)		
1)	2)	3)
4)	5)	6)
7)	8)	9)
10)	11)	12)

Type of Job:

Emergency Action Plan

Emergency Phone Number(s):		Location of Phone:	
First Aid Station:		Safety Shower/Eye Wash:	
Location/Type of Extinguishing Equipment:		Equipment Shutdown Procedure (if Applicable):	
Evacuation Route:	Assembly Area:	Wind Direction:	
Has a pre-job walk down been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, do not proceed until the walk down is conducted)			

General Hazard Assessment

Potential Hazard(s)	Methods to Control / Eliminate Hazards Identified
Hand Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear correct gloves, make sure guards are in place, use proper tool, identify pinch points
Fall Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspect fall protection prior to use. Wear full body harness w/ doubled locking shock absorbing lanyard. Ensure adequate anchor point. Install railing if possible
Eye Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety glasses. Upgrade to face shield / chemical goggles or combination when needed
Lifting Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No	Know your limits. Use lifting / carrying devices. Ensure rigging has been inspected
Falling Objects <input type="checkbox"/> Yes <input type="checkbox"/> No	Rope off areas / attach proper signs, install netting as needed. Wear hardhat.
Head Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify low hanging objects with tape/tags. Wear proper head protection.
Chemical Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear chemical resistant clothing, gloves, face shields. Report all spills/leaks.
Excessive Noise <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear appropriate hearing protection. (Ear plugs, muffs or combination)
Heat/Cold Stress <input type="checkbox"/> Yes <input type="checkbox"/> No	(Heat) Drink plenty of fluids. Utilize Work-Rest Cycles. (Cold) ensure adequate clothing. Construct wind barriers. Limit exposure times. Avoid wet conditions.
Slippery Surfaces, Tripping Hazards <input type="checkbox"/> Yes <input type="checkbox"/> No	Use absorbent. Dry Area. Warn others. Barricade area if not corrected. Hang cords and hoses overhead or use traffic ramp.
Foot Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear steel toe boots. Identify uneven surfaces. Take measures to eliminate hazards.
Hot Processes / Objects / Surfaces <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear protective gloves, face shields and / or heat suits, as needed. Apply proper barriers for protection against heat sources
Respiratory Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No	Determine if IDLH atmosphere. Monitor air quality as needed. If possible, ventilate area to eliminate hazards. Determine proper respirator required for hazard(s).
Electrical Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No	Use GFCI, low voltage lighting. Have electrician connect or disconnect equipment to eliminate hazards. Ensure proper grounding of equipment.
Confined Space Entry <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify all hazards of space. Determine if a confined space permit is required. Ensure atmosphere has been monitored for hazards. Ventilate as needed. Verify proper egress.
Stored Energy (LOTO Required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Verify isolation of energy sources with authorized employee prior to beginning work. Ensure affected personnel are notified.
Rotating Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove / secure loose clothing, long hair, or jewelry. Establish proper clearance for body position. Ensure barricades / guards are in place. Lockout equipment if possible.

Additional Hazard Assessments

Is specialized training (outside of employees skillset) requires to accomplish work? (If yes, Stop and Take Action)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will scaffolding be used? (If yes, verify it has been inspected and emergency egress determined)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will ladders be used? (If yes, verify they have been inspected and secured prior to use)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If using devices such as forklifts or man lifts, has the operator been properly trained? (If no, Stop and Take Action)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the SDS for chemicals available for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have procedures been reviewed for performing a critical lift of equipment or material? (If no, Stop and Take Action)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are compressed gas cylinders properly secured and connections leak free? (If no, Stop and Take Action)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have all required permits been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have areas been properly barricaded and signs posted, when required? (If no, Stop and Take Action)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Job Breakdown (Identify task specific hazards and control methods)

Task	Hazard	Control Method

Identify Required PPE Group

<input type="checkbox"/>	Group 1	Hard hat, safety glasses or goggles, face shield when required, leather or rubber gloves, and hearing protection
<input type="checkbox"/>	Group 2	Chemical splash suit, rubber gloves, hard hat, safety glasses or chemical goggles, face shield, hearing protection
<input type="checkbox"/>	Group 3	Hard hat, safety glasses, leather or rubber gloves, hearing protection, and respiratory protection
<input type="checkbox"/>	Group 4	Chemical splash suit, chemical resistant gloves, chemical resistant boots, hard hat, safety glasses, chemical goggles, face shield, hearing protection, respiratory protection
<input type="checkbox"/>	Group 5	Flame resistant clothing, rubber insulating gloves with leather protection, hard hat, safety glasses with face shield when required; as directed by NFPA 70E Arc Flash Hazard Category.

Area cleaned and trash removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Job completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:
Comments:	

By completing this document it certifies that the proper "Hazard Assessment" has been performed and that all parties understand their responsibility in complying with the control methods outlined.