

	НТ	E/H	łTT	S J	ob Hazard A	Analysis					
Employee:						Work Order #:	STOP				
Date:					Location:			SIUP			
Description of Work:								STELF CHECK STOP.THINK.OBSERVE.PERFORM.			
Roster (By signing, er	nploye	ees ackr	nowled	dge th	ey have reviewed all hazards and controls identified)						
1)	2)					3)		Type of Job:			
4)	5)					6)					
7)	8)				9)						
10)		,	11)			12)					
					Emergency	Action Plan					
Emergency Phone Num	nber(s	s):				Location of Phone:					
First Aid Station:					Safety Shower/Eye Wash:						
Location/Type of Extinguishing Equipment:					Equipment Shutdown Procedure (if			pplicable):			
Evacuation Route:				A	Assembly Area:		Wind Directio	ion:			
Has a pre-job walk dow	n bee	n perfor	med?		Yes	No (if no, do no	t proceed until	the walk down is conducted)			
		-			General Hazar	d Assessment					
Potential	Haza	ard(s)			Met	hods to Control / Eli	minate Haza	ards Identified			
Hand Injury					Wear protective gloves, make sure guards are in place, use proper tool, identify pinch points						
Fall Hazard Yes No				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		Yes		No		or combination when needed					
Lifting Hazard		Yes		No	Know your limits. Use lifting / carrying devices. Inspect rigging. Use assistance as neede						
Falling Objects		Yes		No	Rope off areas / attach proper signs, install netting as needed. Wear hardhat.						
Head Injury		Yes		No	Identify low hanging objects with tape / tags. Wear proper head protection.						
Chemical Exposure		Yes		No	Wear chemical resista	ant clothing, gloves, fac	e shields. Repo	elds. Report all spills / leaks.			
Excessive Noise		Yes		No	Wear appropriate hea	ate hearing protection. (Ear plugs, muffs, or combination)					
Heat/Cold Stress		Yes		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		Yes		No	Use absorbent. Dry Area. Warn others. Barricade area if not corrected. Hang cords and hoses overhead or use traffic ramp.						
Foot Injury		Yes		No	Wear steel toe boots. Identify uneven surfaces. Take measures to eliminate hazards.						
Hot Processes / Objects / Surfaces		Yes		No	Wear protective gloves, face shields and / or heat suits, as needed. Apply proper barriers f protection against heat sources						
Respiratory Hazard		Yes		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		Yes		No	Use GFCI, low voltage lighting. Have electrician connect or disconnect equipment to eliminate hazards. Ensure proper grounding of equipment.						
Confined Space Entry		Yes		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)		Yes		No	Verify isolation of energy sources with authorized employee prior to beginning work. Ensur affected personnel are notified.						
Rotating Equipment		Yes		No		emove / secure loose clothing, long hair, or jewelry. Establish proper clearance for body sition. Ensure barricades / guards are in place. Lockout equipment if possible.					

	Ad	ditional Haza	ard Assessments	,							
Is specialized training (outside of emplo	oyees skillse	t) requires to accor	nplish work? (If yes, Stor	ρ and Take Ac	tion)		Yes		No		] <sub>N/A</sub>
Will scaffolding be used? (If yes, verify	it has been	inspected and eme	rgency egress determine	∍d)			Yes		No		] N/A
Will ladders be used? (If yes, verify the	y have been	inspected and sec	ured prior to use)		[		Yes		No		] N/A
If using devices such as forklifts or man	n lifts, has th	e operator been pro	operly trained? (If no, Sto	op and Take A	ction) [		Yes		No		] N/A
Is the SDS for chemicals available for r	review?				[		Yes		No		] N/A
Have procedures been reviewed for pe	rforming a cr	itical lift of equipme	ent or material? (If no, St	op and Take A	Action)		Yes		No		] N/A
Are compressed gas cylinders properly	secured and	d connections leak	free? (If no, Stop and Ta	ake Action)			Yes		No		] N/A
Have all required permits been comple	ted?				<u> </u>		Yes		No		] N/A
Have areas been properly barricaded a			,	•	_		Yes		No		] N/A
	wn (lder		cific hazards and								
Task		Ha	zard	(	Contro	) l	∕leth	00	<u>i          </u>		
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	1	dentify Requi	ired PPE Group	<u> </u>						—	
Group 1 FR clothing (min 8			face shield when required	d leather alove	and and	hea	rina p	rot	actio	<u></u>	
			fety glasses or chemical	_							ļ
			, hearing protection, and				"'9 r	<b>U.</b> .	Out		
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Chemical spiash s		il resistant gloves, c , respiratory protect	chemical resistant boots, tion	hard nat, sale	ty giassi	es,	cnem	lCa	gog	gie	S,
Group 5				and hot cofety		~ 14/	tac	۰ د	ا۔:ماد	' · •/I	· <b>n</b>
Flame resistant cit		er insulating gloves 70E Arc Flash Haz	with leather protection, h zard Category.	iara nat, sai <del>c</del> ty	/ glasse	SW	ith iau	e s	hleiu	Wi	ien
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Area cleaned and trash removed?	Yes	☐ No	Date completed:								
Job completed?	Yes	□ No	Time completed:							-	
Nearest Hospital:		Address:				Nur	mber:				
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Comments:		•									
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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.