

APPENDIX 1 – JOB HAZARD ANALYSIS

Company Name: _____		
Task Hazard Analysis		Box A - Hazards
Date: _____		<input type="checkbox"/> Is the employee working with sharp or rough materials that require PPE?
Task: _____		<input type="checkbox"/> Can any body part get caught in, struck by or caught between objects?
Task Location: _____		<input type="checkbox"/> Can pushing, pulling, lifting, bending or twisting cause strain?
Foreman: _____		<input type="checkbox"/> Do tools, machines or equipment present any hazards?
Craft: _____		<input type="checkbox"/> Can the worker slip, trip or fall?
Break Task Into Steps		<input type="checkbox"/> Is special training needed? (forklift, scaffold, powder actuated tools)
1. _____		<input type="checkbox"/> Are there flammable, explosive or electrical hazards?
2. _____		<input type="checkbox"/> Fall hazard from one level to another to same level?
3. _____		<input type="checkbox"/> Is excessive noise or vibration a problem?
4. _____		<input type="checkbox"/> Is there a danger from falling objects?
5. _____		<input type="checkbox"/> Is lighting a problem?
6. _____		<input type="checkbox"/> Can weather conditions affect safety?
7. _____		<input type="checkbox"/> Are permits required? (hot work, confined space, etc.)
8. _____		<input type="checkbox"/> Contact with acids, toxic or caustics? (SDS)
9. _____		<input type="checkbox"/> Will there be exposure to dusts, fumes or mists? (SDS)
10. _____		Box B – PPE (Personal Protective Equipment)
Hazards Associated with Steps (Box A, check those that exist)		<input type="checkbox"/> Glasses <input type="checkbox"/> Harnesses
1. _____		<input type="checkbox"/> Hard Hats <input type="checkbox"/> Respirators
2. _____		<input type="checkbox"/> Vests <input type="checkbox"/> Dust Masks
3. _____		<input type="checkbox"/> Work Boots <input type="checkbox"/> Gloves
4. _____	Print Name	Signature
5. _____		
Safe Work Practices/PPE (See Box B, check those that exist)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

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