



18.16 Form B2 – Job Hazard Analysis (JHA)

Revision Number: **R0**

Number of Pages: **2**

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SIGNATURE:

General Site Conditions Reviewed			CONTACT INFORMATION			Hazard Controls:			
	YES	NO	N/A						
1. Safe Work Practices & Procedures Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date/Time: _____			<input type="checkbox"/> Respirator		
2. Deliveries Expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Manager: _____			<input type="checkbox"/> Proper Cartridge		
3. Traffic Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____ Job #: _____			<input type="checkbox"/> Ventilation		
4. Boom Over Travel Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor/Employee-in-Charge (pls circle): _____			<input type="checkbox"/> High-Vis Clothing		
5. Excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health & Safety Representative: _____			<input type="checkbox"/> Leather Gloves		
6. Equipment Used/Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aider: _____			<input type="checkbox"/> Anti-Vibration Gloves		
7. Permits required (Hot Work, Confined Space, Environmental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weather Conditions: _____			<input type="checkbox"/> Rubber Gloves		
8. SDS Available/Chemical Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotter/Signal Person: _____			<input type="checkbox"/> Fall Protection		
9. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voltages Present (AC/DC): _____			<input type="checkbox"/> Eye Protection		
10. Barricades/Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOA: (Qualified/Authorized): _____ N/A <input type="checkbox"/>			<input type="checkbox"/> Hearing Protection		
11. Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit/Hold-Off# _____ Holder _____			<input type="checkbox"/> Face Shield		
12. Overhead Hazards/ Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muster Point(s) _____			<input type="checkbox"/> Dust Mask		
13. Slips, Trips and Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closest Medical Facility: _____			<input type="checkbox"/> ARC Rated Clothing		
14. Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan to relocate injured person/s: _____			<input type="checkbox"/> Traction Aids		
15. Emergency Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Relief Zone (Hot/Cold)		
16. Potable Water/Wash Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Potable Water		
17. PPE Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Job Rotation		
Electrical							<input type="checkbox"/> Fire Extinguisher		
18. Isolation Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Fire Watch		
19. Limits of Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Spill Containment		
20. Lock Out/Tag Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Locates		
21. Work Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Engineer Drawings		
22. Grounding & Bonding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Hazard Signage		
23. Overhead/underground utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Barricades		
24. Back Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Trench Boxes/Slope		
25. Induction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Drains/Vents		
Environmental							<input type="checkbox"/> Access Points Clear		
26. Environmental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Adequate Tools		
27. Ground Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Tools/Equip. Stored		
28. Dust Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Tool Tethers		
29. Waste Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Housekeeping		
30. Silt Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Adequate Equipment		
31. Concrete Wash-Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Adequate Lighting		
32. De-Watering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Equipment Guarding		
33. Wildlife Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Equipment Locked Out		
34. Bird Nesting Window Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Qualified Operator		
35. Nest Sweep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Checklists Complete		
36. Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Material Handling		
37. Spill Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Tag Lines		
38. Swamp Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Potential Health Hazards:

- Biological
- Awkward Position
- Repetitive Motion
- Heat Stress
- Cold Stress
- Chemical
- Asbestos
- Silica
- Lead
- Dust/Mist/Fumes
- Workers appear fit for duty

Potential Safety Hazards:

- Arc Flash
- Electrical Burn
- Electrical Contact
- Live Utilities
- Falling Material
- Moving Vehicle(s)
- Heavy Equipment
- Overhead Work
- Cranes/Drills
- Debris
- Over exertion
- Cuts, scrapes
- Slips, Trips & Falls
- Struck By
- Pinch Point
- Pressurized Gas

- Chemical Burn
- Spills
- Tools/ Materials
- Lighting
- Loud Noise(s)
- Vibration
- Radiation
- Impalement
- Unstable Ground
- Fire/Smoke
- Heavy Lifting
- Explosions
- Working Alone
- Congested/Tight Areas

- Other:**
- _____
 - _____
 - _____

- Other:**
- _____
 - _____
 - _____
 - _____



HEALTH, SAFETY & ENVIRONMENTAL MANUAL

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Project:

Project #:

High Risk

Medium Risk

Low Risk

Supervisor:

Project Manager:

Weather:

Scope of Work:

Likelihood

5	Certain
4	Very Likely
3	Possible
2	Not Likely
1	Almost Impossible

Consequence

5	Critical/Death
4	Serious
3	Medical aid resulting in modified work
2	Minor injury - medical aid
1	Minor injury - first aid

Consequence

	25	20	15	10	5
Likelihood	20	16	12	8	4
	15	12	9	6	3
	10	8	6	4	2
	5	4	3	2	1

HIGH RISK

us injury, death, or major property/equipment damage. This level of risk is unacceptable. Substantial improvements are required to reduce risk

MEDIUM RISK

– may result in a medical aid injury or moderate property/equipment damage. Additional consideration must be given to lower the risk

LOW RISK

– not likely to result in injury or peroperty/equipment damage and tasks can be carried out without additional risk mitigation measures

#	Task	Hazards	Pre Control			Controls	Post Control		
1									
2									
3									
4									
5									

Print Name	Signature	Initial for Changes	Print Name	Signature	Initial for Changes
1			6		
2			7		
3			8		
4			9		
5			10		

Worker Comments/Concerns/Input:

Supervisor/Employee-In-Charge (pls circle):

Signature: