

JOB HAZARD ANALYSIS

DATE						PREPARED BY			
PROJECT NAME									
SCOPE OF WORK									
Does the crew have all appropriate safety gear required for work including basic PPE?		<input type="checkbox"/> YES		Rope systems to be inspected by a designated and trained person prior to use? ASSIGNED TO:				<input type="checkbox"/> YES <input type="checkbox"/> N/A	
Are hazard zones to be established, with signage/barricades, including perimeters and holes?		<input type="checkbox"/> YES		Walk-on Nets to be inspected by a designated trained person prior to use? ASSIGNED TO:				<input type="checkbox"/> YES <input type="checkbox"/> N/A	
Are adjacent trade workers appropriately aware of the current operation?		<input type="checkbox"/> YES <input type="checkbox"/> N/A		This section to be completed by Supervisor at EOD: Have any incidents happened or been reported during the work shift?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB STEPS List each step required to complete the task.		POTENTIAL SAFETY RISKS/HAZARDS List the hazards associated with each job step.			SAFETY CONTROLS / MITIGATIONS List the controls / mitigations in place for each hazard identified.				
EMPLOYEE SIGNATURE	DATE	INITIALS	EMPLOYEE SIGNATURE	DATE	INITIALS	EMPLOYEE SIGNATURE	DATE	INITIALS	

Employee initials required at the end of the day to confirm a safe shutdown.