

FORMS & TEMPLATES

Complete before every field task — one JHA per work scope per shift

PROJECT NAME / LOCATION

WORK TASK DESCRIPTION

DATE / SHIFT

Shift:

FOREMAN / SUPERVISOR

CREW MEMBERS PRESENT

Job Step	Potential Hazard(s)	Severity (H/M/L)	Required Controls / PPE	Responsible Party
1.				
2.				
3.				
4.				
5.				
6.				

- ■ Hot Work Permit
- ■ Confined Space Entry Permit
- ■ LOTO / Energy Isolation (OSHA 1910.147)
- ■ Elevated Work / Fall Protection Plan
- ■ Excavation / Trenching Permit

- ■ Electrical Safe Work Condition verification

All crew members listed above confirm they have reviewed and understand the hazards and controls identified in this JHA and agree to perform the work accordingly.

CREW MEMBER 1

____ Signature: _____

CREW MEMBER 2

____ Signature: _____

CREW MEMBER 3

____ Signature: _____

CREW MEMBER 4

____ Signature: _____