

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: _____