

SAMPLE 3
JOB HAZARD ANALYSIS FORM
(ERGONOMIC FACTORS)

File number: _____

Location:		Unit:		Work Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Job Title or Description:			Task:		
Risk Warnings:			Directives Issued:		
HAZARDS					
Workplace					
Location			Health and Safety Risks		
Tools and Equipment					
Location			Health and Safety Risks		
Hazardous Materials					
Name of Material	Health and Safety Risks		Environmental Risks		Class
Ergonomic Factors (in percentages)					
Walking	Bent Over	Repetitive mv: superior mem.		Isolated	Easy Work
Sitting	Kneeling	Repetitive mv: inferior mem.		Down motion of back (heavy)	Average Work
Standing	Squatting	Repetitive mv: trunk		Rotation of back (heavy)	Heavy Work
Required Training					

Personal Protective Equipment	
Collective Protection	Personal Protective Equipment (PPE)
Preliminary Task Verification	
Object	Inspection
Safe Work Method	

Necessary Corrective Action: _____ Supervisor: _____

Date Issued: _____ Deadline: _____

[illegible]