



JHA

(Job Hazard Analysis)

Date: _____ Time of Shift: _____

Site Information		
Job Name:	Job Number:	Weather Condition:

Competent Person	
Name:	Phone Number:

Location & Brief Description of Task

Tasks	Potential Hazards	Controls



<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Protective Gloves
<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Face Shield
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

I understand & will adhere to the basic steps, hazards & controls as described in this JHA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards have been introduced. I understand that I have the authority and responsibility to stop work I believe to be unsafe.

[illegible]

(Print) Supervisor/Foreman Name

Signature

Date