

Appendix B JHA Worksheet

Date: _____

What is the most hazardous part of this job and what are you going to do to control the hazard?

Job/Task: _____

What do you need to ensure this job is completed incident and injury free?

Work Location: _____

What conditions, job changes or distractions could call for the need to use Stop Work?

Employee(s): _____

What do you need to ensure this job is completed incident and injury free?

Sequence of Job Tasks	Potential Hazard(s)	Controls
Additional Personal Protective Equipment Req'd	<input type="checkbox"/> face shield <input type="checkbox"/> chemical goggles <input type="checkbox"/> chemical protective clothing <input type="checkbox"/> rubber boots <input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> leather gloves <input type="checkbox"/> cut resistant gloves <input type="checkbox"/> respiratory protection <input type="checkbox"/> arm protection <input type="checkbox"/> hearing protection <input type="checkbox"/> fall protection <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A	
Required Permits/Safe Work Plans	<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Excavation and Trenching <input type="checkbox"/> Lift Plan <input type="checkbox"/> Work in proximity to Overhead Conductors <input type="checkbox"/> Simultaneous Operations <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A	
Gas Detection Equipment Needed	<input type="checkbox"/> H2S monitor <input type="checkbox"/> LEL, <input type="checkbox"/> O2, <input type="checkbox"/> H2S, <input type="checkbox"/> CO Monitor <input type="checkbox"/> PID <input type="checkbox"/> Other <input type="checkbox"/> N/A	
List hazardous substances SDS reviewed? <input type="checkbox"/> N/A		
Site Control	<input type="checkbox"/> barricades <input type="checkbox"/> post signs <input type="checkbox"/> caution tape <input type="checkbox"/> designated area for vehicles <input type="checkbox"/> heavy equipment spotter <input type="checkbox"/> establish meet and greet process <input type="checkbox"/> Other <input type="checkbox"/> N/A	
Environmental Conditions	Weather: _____	Terrain: _____ Wildlife: _____
Hazardous Energy Control	<input type="checkbox"/> LO/TO checklist complete <input type="checkbox"/> LO/TO devices in place <input type="checkbox"/> energy isolation verified <input type="checkbox"/> Stored Energy <input type="checkbox"/> electrical <input type="checkbox"/> hydraulic <input type="checkbox"/> pneumatic <input type="checkbox"/> mechanical <input type="checkbox"/> thermal <input type="checkbox"/> chemical <input type="checkbox"/> Line Of Fire	
Tools and Equipment	<input type="checkbox"/> pre-use inspection complete <input type="checkbox"/> trained in use of tool/equipment <input type="checkbox"/> List tools/equipment being used: _____	