

Job Hazard Analysis (JHA)

Form # 0554E

Revised: 2023-06-20

JHA Prepared by (print):	Signature:	Date: (yyyy-mm-dd):
Supervisor for the Job:	Signature:	Date: (yyyy-mm-dd):
Job Location:		Work Order # (if applicable):

Job Description:

Instructions:

1. Identify each step of the job
2. Identify the hazards associated with each step (Use guide on next page – always consider the “line of fire” hazards).
3. Use the Risk Matrix in Table 1 of HSEE-03-01
 - a) Identify the inherent risk level for each hazard by intersection Probability and Severity on the matrix, *without* controls, and enter results into **Inherent Risk** column.

Format:

Add: Probability/Likelihood (1-5) + Severity/Consequence (1-5) = Inherent Risk Outcome

4. Identify the mitigating actions (barriers) to be implemented to address each hazard.
 - a) Identify the Residual Risk *with* controls in place using the **Residual Risk** column. Use same format to calculate as format above.

Risk Matrix Legend	
Add: Probability/Likelihood (1-5) + Severity/Consequence (1-5)	
Outcome	Calculation Range
Very Low / Low	1 – 4
Moderate	5 – 6
High	7 – 8
Critical	9 – 10

Example of how the *Hierarchy of Controls* reduces your risk from Moderate to Low by changing your barriers

Job Step	Hazards	Inherent Risk	Mitigating Controls (barriers)	Residual Risk	Person/Group Responsible
Set up work area with tools and equipment	1.1 Falling objects to lower level (near railing and above open grating of high traffic area)	4+3=7 High	1.1 Install barrier tape below to warn workers	3+3=6 Moderate	Mechanical Maintainers
Set up work area with tools and equipment	1.1 Falling objects to lower level (near railing and above open grating of high traffic area)	4+3=7 High	1.1 Install tarp to cover openings of guardrails and on open grating 1.2 Use Tool Tethers to prevent dropping to lower level	1+3=4 Low	Mechanical Maintainers



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Potential Hazards / Line of Fire and Controls

(to be used as guidance – if checked off hazard, ensure you identify a control)

Potential Hazard / Line of Fire	Potential Hazards / Line of Fire	Possible Controls	Possible Controls
Gravity	<input type="checkbox"/> Poor lighting	Gravity	Environment
<input type="checkbox"/> Slip and Fall on Same Level	<input type="checkbox"/> Radiation	<input type="checkbox"/> Ensure Floor is clear / dry	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Fall from heights (e.g. Arbor work)	<input type="checkbox"/> Drowning	<input type="checkbox"/> Guardrails	<input type="checkbox"/> Fire retardant clothing
<input type="checkbox"/> Opening in floor	<input type="checkbox"/> Congested area	<input type="checkbox"/> Fall arrest/restriction	<input type="checkbox"/> Insulated clothing
<input type="checkbox"/> Falling objects	<input type="checkbox"/> Asphyxiation/engulfment	<input type="checkbox"/> Barricades / Exclusion Zone	<input type="checkbox"/> Heat Stress monitoring
<input type="checkbox"/> Rolling vehicles	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Barrier tape	<input type="checkbox"/> Rain gear
	<input type="checkbox"/> Hydraulic fluid	<input type="checkbox"/> Tags or sign posting	<input type="checkbox"/> Fire extinguisher
Mechanical Energy		<input type="checkbox"/> Railing and/or floor covering	<input type="checkbox"/> Lift jackets / boat
<input type="checkbox"/> Rotating equipment	Chemical Energy	<input type="checkbox"/> Shoring/benching earth	<input type="checkbox"/> Rescue plans
<input type="checkbox"/> Flying objects from grinding/cutting	<input type="checkbox"/> Air quality	<input type="checkbox"/> Overhead protection	<input type="checkbox"/> Response team
<input type="checkbox"/> Pinch point	<input type="checkbox"/> Bio-hazardous material		<input type="checkbox"/> Proper or additional lighting
<input type="checkbox"/> Caught between objects	<input type="checkbox"/> Flammable/Combustibles material	Mechanical Energy	<input type="checkbox"/> Fire blankets
<input type="checkbox"/> Caught under heavy object	<input type="checkbox"/> Acids	<input type="checkbox"/> Lockout/Tag out (GS50,P1 Permits)	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Struck against (e.g. windshield)	<input type="checkbox"/> Caustics	<input type="checkbox"/> Gloves	<input type="checkbox"/> Work/rest schedules
<input type="checkbox"/> Struck by object/vehicle	<input type="checkbox"/> Transporting dangerous goods	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Second person
<input type="checkbox"/> Faulty tools or equipment	<input type="checkbox"/> Explosions/Explosive Atmosphere	<input type="checkbox"/> Safety footwear	<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Vibration		<input type="checkbox"/> Seat belts	<input type="checkbox"/> Codes of practice (e.g. working alone)
<input type="checkbox"/> Sharp edges or Objects	Electrical Energy	<input type="checkbox"/> Equipment guards	Chemical Energy
<input type="checkbox"/> Splintered wood	<input type="checkbox"/> Electrical Contact/Arc	<input type="checkbox"/> Load drop zones	<input type="checkbox"/> MSDS/SDS
	<input type="checkbox"/> Arc Flash	<input type="checkbox"/> Goggles	<input type="checkbox"/> Chemical suit /Face Shield
Environment		<input type="checkbox"/> Face shields/Safety glasses	<input type="checkbox"/> Air quality monitoring
<input type="checkbox"/> UV Light	Ergonomics	<input type="checkbox"/> Hot work permits	<input type="checkbox"/> Respiratory protection
<input type="checkbox"/> Extreme weather	<input type="checkbox"/> Pulling	<input type="checkbox"/> Wheel chocks/Outrigger pads	Electrical Energy
<input type="checkbox"/> Working alone	<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Secure ladder	<input type="checkbox"/> Clearance / MAD
<input type="checkbox"/> High pressure liquid/gas	<input type="checkbox"/> Bending / twisting	<input type="checkbox"/> High visibility clothing	<input type="checkbox"/> Vehicle or equipment grounding
<input type="checkbox"/> Hot/Cold environment	<input type="checkbox"/> Pushing	<input type="checkbox"/> Remove or secure loose clothing	Ergonomics
<input type="checkbox"/> Waterways/protected land	<input type="checkbox"/> Restricted entry	<input type="checkbox"/> Removal of jewellery	<input type="checkbox"/> Proper body position
<input type="checkbox"/> Potential spill (chemical)	<input type="checkbox"/> Manual lifting	<input type="checkbox"/> Vehicle checks	<input type="checkbox"/> Proper lifting techniques

