

JOB HAZARD ANALYSIS

Plan the work. Identify the hazards. Put effective controls in place before work begins.

Project / Client		JHA No.	
Site / Location		Date	
Company / Contractor		Shift	☐ Day ☐ Night ☐ Other: _____
Work Activity / Scope		Crew Size	
Prepared By		Competent Person / Supervisor	

1 Pre-Job Review *Complete before breaking the work into steps.*

Work conditions and interfaces	Required plans, permits, and authorizations
☐ Weather / heat / cold reviewed ☐ Lighting and visibility adequate ☐ Access, egress, and housekeeping reviewed ☐ Overhead / underground utilities located ☐ Adjacent operations and public exposure controlled ☐ Changes from plan or last shift identified	☐ Site orientation / owner requirements ☐ Permit to work ☐ Hot work permit ☐ Confined space permit ☐ Excavation / trench permit ☐ Energized electrical work permit ☐ Lift plan / critical lift approval ☐ Other: _____

2 Risk Rating Method *Rate risk before and after controls. Stop and escalate when residual risk is not acceptable.*

LIKELIHOOD	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost certain
SEVERITY	1 - First aid	2 - Medical treatment	3 - Lost time	4 - Permanent disability	5 - Fatality / multiple severe

Risk score = Likelihood × Severity. 1–4 Low 5–9 Moderate 10–16 High 17–25 Critical

Acceptance: Low / Moderate - supervisor acceptance. High - additional controls and competent-person approval. Critical - do not start; redesign the work and obtain management approval. Company or site rules take precedence.

3 Job Steps, Hazards, and Controls Use one row for each logical step. Add continuation sheets as needed.

#	JOB STEP	HAZARDS / POTENTIAL CONSEQUENCES	CONTROLS / SAFE WORK METHOD	INITIAL RISK L: ___ S: ___ R: ___	RESIDUAL RISK L: ___ S: ___ R: ___	RESPONSIBLE PERSON
1				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	
2				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	
3				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	
4				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	
5				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	
6				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	
7				L: ___ S: ___ R: ___	L: ___ S: ___ R: ___	

Risk Rating Key: L = Likelihood S = Severity R = Risk Score (Likelihood × Severity)

Hierarchy of Controls: Eliminate → Substitute → Engineering Controls → Administrative Controls → Personal Protective Equipment (PPE).
Select the highest feasible control(s) before relying on PPE.

4 Required Controls and Resources

Personal protective equipment	Tools, equipment, and safeguards
☐ Hard hat ☐ Safety glasses ☐ Face shield ☐ Hearing protection ☐ High-visibility apparel ☐ Work gloves - type: _____ ☐ Cut-resistant gloves - level: _____ ☐ Fall protection - system: _____ ☐ Respiratory protection - type: _____ ☐ Protective footwear ☐ Arc-rated / flame-resistant clothing ☐ Chemical-resistant clothing ☐ Other: _____	☐ Pre-use inspection completed ☐ Machine guards in place ☐ GFCI / AEGCP ☐ Lockout/tagout devices ☐ Barricades / warning signs ☐ Fall prevention / rescue equipment ☐ Fire extinguisher(s) available / Fire watch assigned (if required) ☐ Ventilation / air monitoring ☐ Rigging inspected and tagged ☐ Traffic control devices ☐ Spill kit / containment ☐ Manufacturer instructions available ☐ Other: _____

5 Emergency and Environmental Planning

Emergency Contact / No.		Nearest Medical Facility	
Muster Point		Site Address / Coordinates	
Rescue Plan Required?	☐ No ☐ Yes - attach / reference: _____	Environmental Controls	☐ Spill ☐ Dust ☐ Noise ☐ Waste ☐ Stormwater
Emergency Equipment Location		Communication Method	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

6 Supporting Documents

☐ Drawings/specifications	☐ Safety data sheets	☐ Equipment manuals	☐ Lift / rigging plan
☐ Energy-control procedure	☐ Rescue plan	☐ Traffic-control plan	☐ Other: _____

7 Change Management / Stop-Work Trigger

STOP WORK and revise this JHA when any of the following occur: scope, sequence, crew, equipment, materials, site conditions, weather, interfaces, or applicable requirements change; a control fails; a near miss or incident occurs; or a worker identifies an unaddressed hazard.

Revision / Change No.		Date / Time	
Change Description		Approved By	

8 Approval to Proceed

acceptable.

ROLE	PRINTED NAME	SIGNATURE	DATE / TIME
JHA Preparer			
Competent Person / Supervisor			
Client / General Contractor (if required)			
Management Approval (High/Critical residual risk)			

9 Crew Briefing and Acknowledgment:

Each worker may stop work and request clarification without retaliation.

By signing, I confirm that I participated in or received the pre-task briefing; understand the work steps, hazards, controls, emergency arrangements, and stop-work expectations; and will notify the supervisor if conditions change or I cannot perform the work safely.

WORKER NAME (PRINT)	SIGNATURE	TRADE / EMPLOYER	DATE / TIME

10 Closeout / Post-Task Review

Work Completed	☐ Yes ☐ No ☐ Suspended	Date / Time	
Incidents / Near Misses	☐ None ☐ Yes - report reference: _____	Lessons / Improvements	
JHA Retention Location		Closed By	

IMPORTANT: This document supports hazard assessment and planning but does not replace applicable laws, regulations, contracts, manufacturer instructions, site-specific rules, competent-person duties, permits, or professional judgment. The employer remains responsible for selecting qualified personnel and effective controls.