Job Hazard Analysis (JHA)

Project Number: _____ **Project Name:** _____

Work Activity/Work Task: _____ **JHA** _____ -001 rev. _____

Steps*	Hazards *Considerations to: People, Equipment, Material, Environment, Tools, (Chemical, Biological, Physical, Hygiene and Ergonomics)*	Pre-control Risk Rating	Control	Post Control Risk Rating	Controls Verified Yes / No

***Additional lines on page 2**

REVIEW BY:

Project Superintendent: _____ **Date:** DD/MM/YY

Foreman: _____ **Date:** DD/MM/YY

Project HSE: _____ **Date:** DD/MM/YY

SPECIAL REVIEW BY:

Required:

Engineer: _____ **Yes** ☐ **No** ☐ **Date:** DD/MM/YY

District HSE Manager: _____ **Yes** ☐ **No** ☐ **Date:** DD/MM/YY

Crew Reviewed with Signatures:

_____ **Date:** DD/MM/YY _____ **Date:** DD/MM/YY

_____ **Date:** DD/MM/YY _____ **Date:** DD/MM/YY

_____ **Date:** DD/MM/YY _____ **Date:** DD/MM/YY

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Steps	Hazards *Considerations to: People, Equipment, Material, Environment, Tools, (Chemical, Biological, Physical, Hygiene and Ergonomics)*	Pre-control Risk Rating	Control	Post Control Risk Rating	Controls Verified Yes / No

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BELMONT CONCRETE FINISHING

JHA/SWP: _____ Work Activity/Work Task _____ Rev. # _____

Company: _____

Hazard Identification & Control
Standard HSE 05-04

Job Hazard Analysis Audit

Auditors will provide comments on all inadequate items and those that are worthy of positive recognition.

Item	Adequate	Inadequate	Item	Adequate	Inadequate
1. Work Activity/Work Task Description			* 6. Controls Verified		
2. Steps Identified			7. All sections completed		
3. Hazard Identification			8. Review Signatures Required		
4. Pre/Post control Risk Rating			9. Crew Signatures		
5. Hazard Controls			* 10. JHA at task location		

Note: Questions 1, 2,3,4,5,7,8,9 may be completed as a desk review; questions 6 &10 must be completed in the field.

Desk Review Comments: _____

Auditor's Name: _____ Print _____ **Auditor's Signature:** _____ **Date:** _____ DD/MM/YY

Auditor's Name: _____ Print _____ **Auditor's Signature:** _____ **Date:** _____ DD/MM/YY

*** Field Audit Comments:** _____

Field Audit Date: _____ DD/MM/YY

Auditor's Name: _____ Print _____ **Auditor's Signature:** _____

Auditor's Name: _____ Print _____ **Auditor's Signature:** _____

Frequency of Task		
Category	**Term**	**Definition**
4	**Very Frequent**	Possibility of repeated activities (many times in the course of a task)
3	**Frequent**	Possibility of isolated activities (several times in the course of a task)
2	**Occasional**	Likelihood of activity occurring sometime (likely in overall task and/or project)
1	**Infrequent**	Possible it will occur but not likely to

Severity – Consequences					
Consequence Category		**People**	**Property**	**Environment**	**Public Image, Reputation & Disruption**
4	**Major**	Fatality	Impact >$100,000	Reportable Occurrence	Government intervention
3	**Critical**	Permanent, long-term injury or illness	Impact < $100,000 but > $50,000	Client Standards Not Met	Owner Intervention
2	**Serious**	Recordable Injury	Impact < $50,000 but > $ 10,000	Site Conditions Unacceptable	Community Attention
1	**Minor**	On-site/ No Treatment	Impact < $10,000	No Impact	Individual or none

		Frequency of Task			
		4	**3**	**2**	**1**
Severity	**4**	16	12	8	4
	3	12	9	6	3
	2	8	6	4	2
	1	4	3	2	1

Risk Category		Definition
"A"	High (8-16)	Situation must be corrected immediately. Approval to continue at current level of risk by District Manager, Senior Construction Manager and District HSE Manager.
"B"	Medium (4-6)	Approval to continue at current level of risk by 2 senior supervisory project team members.
"C"	Low (1-3)	Managed appropriately at field level.