

DUKE FACILITIES JOB HAZARD ANALYSIS

Job Title: _____
Implementation Date: _____
Revision Date: _____

JHA NUMBER: _____
Functional Area: _____
Responsible Shop: _____

Job Hazard Severity (1=Low, 2=Medium, 3= High) ____

Description of Work:

Location of Work:

Date Work Will Begin: _____ End Date: _____
 Analysis Completed By: _____ Person in Charge (POC): _____ POC Contact #: _____

Equipment To Be Used:

Standard uniform requirements apply and all area hazard PPE must be worn in addition to those PPE requirements listed below.

| | STEPS TO COMPLETE THE JOB | POTENTIAL HAZARDS | HAZARD CONTROLS | PPE REQUIRED |
|----|---------------------------|-------------------|-----------------|----------------|
| 1. | | a) | | Safety glasses |
| 2. | | a) | | Safety glasses |
| 3. | | a) | | Safety glasses |
| 4. | | a) | | Safety glasses |
| 5. | | a) | | Safety glasses |

| | | | | |
|----|--------------------------------------|----|--|----------------|
| 6. | | a) | | Safety glasses |
| 7. | | a) | | Safety glasses |
| 8. | Put away tools and cleanup work area | | | Safety glasses |

Signatures below indicate that this document is complete and correct. Do not sign this document unless you have a full understanding of the job steps, the hazards involved with the job steps and the methods that will be used to control identified hazards.

JHA Completed By: _____ Job Supervisor: _____ Date of Signatures: _____

Employees Completing Job:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |