PINNACOL
ASSURANCE

DAILY JOB HAZARD ANALYSIS

The purpose of this form is to identify hazards and controls while preparing to complete a task. To ensure all employees involved with the task completion understand the hazards and controls, the supervisor will need to complete this form and have involved employees sign their name on the second page of this form. These forms require the signature of the superintendent and EHS/DSP as both have joint responsibility in keeping the employee safe. This is a way for you to document your due diligence.

GENERAL INFORMATION

PROJECT NAME:

DATE:

TRADE/SUBCONTRACTOR:

FOREMAN/SUPERINTENDENT:

DSP/EHS REPRESENTATIVE:

DURATION OF TASK:

TASKS BEING COMPLETED

CONFINED SPACE	YES	NO	N/A
CUTTING MATERIAL	YES	NO	N/A
DEMOLITION	YES	NO	N/A
ELECTRICAL/LOTO	YES	NO	N/A
ELEVATED WORK	YES	NO	N/A
EXCAVATION	YES	NO	N/A
FUELING EQUIPMENT	YES	NO	N/A
GRINDING	YES	NO	N/A
HOUSEKEEPING	YES	NO	N/A
LOADING/UNLOADING MATERIAL	YES	NO	N/A
OPERATING EQUIPMENT	YES	NO	N/A
PANEL INSTALL	YES	NO	N/A
RIGGING	YES	NO	N/A
SCAFFOLD WORK	YES	NO	N/A
WELDING	YES	NO	N/A
OTHER, SPECIFY:			

POSSIBLE HAZARDS/EXPOSURES

BODY POSITIONING	YES	NO	N/A
DUST/SILICA	YES	NO	N/A
FALL HAZARDS	YES	NO	N/A
HOT WORK/SPARKS, ETC.	YES	NO	N/A
INCLEMENT WEATHER	YES	NO	N/A
LIFTING HEAVY ITEMS	YES	NO	N/A
LOADING/UNLOADING MATERIAL	YES	NO	N/A
OVERHEAD LIFTING	YES	NO	N/A
PINCH POINTS	YES	NO	N/A
REPETITIVE MOTION	YES	NO	N/A
SHARP EDGES	YES	NO	N/A
SUSPENDED LOADS	YES	NO	N/A
TRAFFIC FROM EQUIPMENT	YES	NO	N/A
WORKING AT HEIGHTS	YES	NO	N/A
WORKING ON ROUGH TERRAIN	YES	NO	N/A
OTHER, SPECIFY:			

PREVENTATIVE MEASURES

APPROPRIATE LIGHTING	YES	NO	N/A
COMPETENT AND CERTIFIED PERSONNEL	YES	NO	N/A
ENGINEERED CONTROLS	YES	NO	N/A
ENOUGH PERSONNEL FOR THE TASK	YES	NO	N/A
INSPECTIONS PERFORMED	YES	NO	N/A
ORDERLY WORKPLACE	YES	NO	N/A
OPEN COMMUNICATION LINES	YES	NO	N/A
PPE	YES	NO	N/A
REVIEWED SAFETY AND WELLNESS PLAN	YES	NO	N/A
RIGHT TOOLS FOR THE JOB BEING USED	YES	NO	N/A
SAFETY/EHS RESOURCE PRESENT	YES	NO	N/A
OTHER, SPECIFY:			

TASK DESCRIPTION

Briefly describe the task and engineering controls (if any).

PERMITS

List any permits and PPE being used.

LP09_5-2014 Template provided by Pinnacol Assurance
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TEAM MEMBERS INVOLVED IN TASK SIGN IN

READ THE FOLLOWING STATEMENT AND ACKNOWLEDGE BELOW:

I have reviewed the JHA and understand what my duties are for today. I understand the hazards that are listed above and will follow all safety reuqirements necessary to carry out my task(s). I will let my supervisor know if I have any questions about my job duty for today in order to carry out my tasks safety and correctly.

	FIRST AND LAST NAME	DATE	START TIME	POST TASK INITIAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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14.				
15.				
16.				
17.				
18.				
19.				
20.				

INFORMATION

SUPERINTENDENT: _____ EHS/DSP: _____

CONTRACTOR SIGN OFF (OPTIONAL): _____

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