



## Job hazard analysis (JHA)

Job name: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Weather/site condition: \_\_\_\_\_

REVISE THIS JHA IF CONDITIONS CHANGE OR NEW EMPLOYEES JOIN THE CREW.	YES	NO	N/A
Did a job briefing occur at the beginning of shift, task or when crew leadership changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did job briefing address changes in work scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have emergency procedures and information (location, numbers) been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees aware of hazards at the job site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees aware of the methods to eliminate, guard or protect themselves and others from the recognized hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees aware of their job duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any permits required for the job tasks (confined space, hot work, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPE REQUIRED (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Hard hat	<input type="checkbox"/> High-vis vest	<input type="checkbox"/> Rubber gloves	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Fall protection	<input type="checkbox"/> Cut-rated gloves	
<input type="checkbox"/> Safety boots	<input type="checkbox"/> Respiratory protection	<input type="checkbox"/> Hot gloves	
<input type="checkbox"/> Goggles	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Flame-resistant clothing	
<input type="checkbox"/> Face shield	<input type="checkbox"/> Leather gloves	<input type="checkbox"/> Welding helmet	

HAZARDOUS CONTROLS (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Lock out/Tag out	<input type="checkbox"/> Equipment grounding	<input type="checkbox"/> Trench safety	<input type="checkbox"/> Fall protection
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Line grounding	<input type="checkbox"/> One calls (supply #)	<input type="checkbox"/> Other (specify)

The information contained in this service bulletin was obtained from reliable sources. However, UFG Insurance accepts no legal responsibility for the correctness or completeness of this information.

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