



PART 1 Team and APPROVALS

(A) ALL PERSONNEL INVOLVED IN THE CREATION OF THE JHA SHALL ENTER THEIR NAMES BELOW AND SIGN TO CONFIRM THEY HAVE READ AND UNDERSTOOD THE CONDITIONS OF THE JHA.

THE JHA TEAM LEADER MUST ENSURE ALL NAMES AND SIGNATURES ARE OBTAINED.

TEAM MEMBER	NAME	SIGNATURE	DATE	COMPANY
JHA Team Leader				
JHA Team Member				
JHA Team Member				
JHA Team Member				
JHA Team Member				
JHA Team Member				

(B) All personnel involved in performing work listed the JHA shall enter their names below and sign to confirm they have read and understood the conditions of the JHA.

NAME	SIGNATURE	DATE	NAME	SIGNATURE	DATE

JHA Team Leader Signature: _____ Supervisor Name: _____ Supervisor Signature: _____
(Final Approval) *(Final Approval)* *(Final Approval)*

DATE:	JHA REFERENCE NUMBER#: SITETRAIN W@H STANDARD JHA
DESCRIPTION OF WORK:	

(C) IDENTIFY POTENTIAL HAZARDS FOR THE JOB

Hazards List (Review the job steps and identify any of the following hazards are applicable)	Potential hazard exposure mechanisms																																																										
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In particular, are the following items of PPE or other safety equipment required:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Eye / Face protection</td> <td><input type="checkbox"/> Hearing protection</td> <td><input type="checkbox"/> Respiratory protection</td> </tr> <tr> <td><input type="checkbox"/> Head protection</td> <td><input type="checkbox"/> Safety/Rescue line</td> <td><input type="checkbox"/> Safety harness</td> </tr> <tr> <td><input type="checkbox"/> Foot protection</td> <td><input type="checkbox"/> Hand protection</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Body protection</td> <td><input type="checkbox"/> Gas detector</td> <td></td> </tr> </table>	<input type="checkbox"/> Electricity	<input type="checkbox"/> Weather	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Hot/Cold Objects	<input type="checkbox"/> Insect/Animal Bites	<input type="checkbox"/> Excavations/Earthworks	<input type="checkbox"/> Rotating Equipment	<input type="checkbox"/> Lighting	<input type="checkbox"/> Fire	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Driving Hazards	<input type="checkbox"/> Introduced Animals/Plants	<input type="checkbox"/> Muscular Stress	<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Historical Sites	<input type="checkbox"/> Mental Stress	<input type="checkbox"/> Noise	<input type="checkbox"/> Bush Clearing	<input type="checkbox"/> Heights	<input type="checkbox"/> Radiation	<input type="checkbox"/> Spills/Leaks	<input type="checkbox"/> Depths	<input type="checkbox"/> Hydrocarbon/Gas Release	<input type="checkbox"/> Other Mobile/Stationary Equipment	<input type="checkbox"/> Lone Worker	<input type="checkbox"/> Surfaces	<input type="checkbox"/> Pressure (Stored Energy)	<input type="checkbox"/> Vibration	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Fumes/Vapour/Dust	<input type="checkbox"/> Moving Objects	<input type="checkbox"/> Human Factors		<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Off Road	<input type="checkbox"/> Other	<input type="checkbox"/> Eye / Face protection	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Respiratory protection	<input type="checkbox"/> Head protection	<input type="checkbox"/> Safety/Rescue line	<input type="checkbox"/> Safety harness	<input type="checkbox"/> Foot protection	<input type="checkbox"/> Hand protection		<input type="checkbox"/> Body protection	<input type="checkbox"/> Gas detector		<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Struck – by, against</td> </tr> <tr> <td><input type="checkbox"/> Contact with</td> </tr> <tr> <td><input type="checkbox"/> Contacted by</td> </tr> <tr> <td><input type="checkbox"/> Caught – in, on, under, between, against</td> </tr> <tr> <td><input type="checkbox"/> Exposure – temperature, chemicals, noise, dust</td> </tr> <tr> <td><input type="checkbox"/> Slip, Trip or Fall – from heights, same level</td> </tr> <tr> <td><input type="checkbox"/> Overexertion – lifting, pushing, pulling, manual handling</td> </tr> <tr> <td><input type="checkbox"/> Escape of Product – oil spill, gas release</td> </tr> <tr> <td><input type="checkbox"/> Human Factors <ul style="list-style-type: none"> <input type="checkbox"/> incorrect use of tools or equipment <input type="checkbox"/> repetitive work <input type="checkbox"/> perceived pressure, haste <input type="checkbox"/> arduous tasks <input type="checkbox"/> uncomfortable work position <input type="checkbox"/> mundane work <input type="checkbox"/> training <input type="checkbox"/> communications, instruction </td> </tr> <tr> <td><input type="checkbox"/> Weather conditions <ul style="list-style-type: none"> <input type="checkbox"/> hot/dry, wet, windy, cold </td> </tr> </table>	<input type="checkbox"/> Struck – by, against	<input type="checkbox"/> Contact with	<input type="checkbox"/> Contacted by	<input type="checkbox"/> Caught – in, on, under, between, against	<input type="checkbox"/> Exposure – temperature, chemicals, noise, dust	<input type="checkbox"/> Slip, Trip or Fall – from heights, same level	<input type="checkbox"/> Overexertion – lifting, pushing, pulling, manual handling	<input type="checkbox"/> Escape of Product – oil spill, gas release	<input type="checkbox"/> Human Factors <ul style="list-style-type: none"> <input type="checkbox"/> incorrect use of tools or equipment <input type="checkbox"/> repetitive work <input type="checkbox"/> perceived pressure, haste <input type="checkbox"/> arduous tasks <input type="checkbox"/> uncomfortable work position <input type="checkbox"/> mundane work <input type="checkbox"/> training <input type="checkbox"/> communications, instruction 	<input type="checkbox"/> Weather conditions <ul style="list-style-type: none"> <input type="checkbox"/> hot/dry, wet, windy, cold
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No	(D) JOB STEPS (Sequence of Events)	(E) POTENTIAL HAZARD (Refer to Checklist Part 2)	(F) HAZARD CONTROL Type – Elimination, Substitution, Engineering, Administration, PPE
1	ISOLATE AND BARRICADE AREA	POOR HOUSEKEEPING, AREA SPECIFIC HAZARDS	FOLLOW SITE ACCESS PROCEDURES, CLEAN AS YOU GO
2	INSTALL AND CHECK EQUIPMENT INSTALLATION		CHECKLISTS, TRAINING AND W@H PERMITS
3	CONDUCT WORK	FALLING FROM HEIGHT, DROPPED OBJECTS BELOW/ ABOVE, POOR BODY POSTIONING, MUSCLE STRAINS AND INJURY	
4	DISMANTLE EQUIPMENT CLEAN AND PREPARE FOR STORAGE		CHECK EQUIPMENT AFTER USE, USE APPROVED CLEANING PRODUCTS, PPE WHERE REQUIRED
5	REMOVE BARRICADING AND ISOLATION	POOR HOUSEKEEPING, AREA SPECIFIC HAZARDS	FOLLOW SITE ACCESS PROCEDURES, CLEAN AS YOU GO
6			
7			
8			
9			