



ALTIUS JOB HAZARD ANALYSIS (JHA)

SECTION 1: JOB DETAILS

Ref/Job No.:	Date:	Time:	Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Permit: (If Required) <input type="checkbox"/> Hot Work <input type="checkbox"/> Safe to Work <input type="checkbox"/> Isolation <input type="checkbox"/> Other:	
Client:	Site:	Location:	Permit No.:	Work Order No.:	
Job Description:					

SECTION 2A: INCIDENT MANAGEMENT

Site First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Site First Aid:	Safety Shower: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Safety Shower:
Eye Wash Station: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Eye Wash Station:	Fire Extinguisher: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Fire Extinguisher:
MSDS Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of MSDS:	Other Items:	Location of Other Items:
Emergency Meeting Point:	Muster Location:		

SECTION 2B: EMERGENCY CONTACTS

Supervisor:
Other: (Supervisor Alternate)
Site Emergency:
Site Contact:

SECTION 3: CHECKS

Equipment Acceptable for Use: Tool Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No PPE Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Items Quarantined: <input type="checkbox"/> Yes <input type="checkbox"/> No Crane Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Hoisting Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Scaffolding: (Tag/Date)	Additional/Specialized PPE Required: Special Gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No Respiratory Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Half <input type="checkbox"/> Full – Type: Disposable Clothing: <input type="checkbox"/> Yes <input type="checkbox"/> No Other:	Other Considerations: Exclusion Zones to be Equal to Height of Work Position: <input type="checkbox"/> Yes <input type="checkbox"/> No – Why: Barricades and Signs (i.e. Red Flagging, Overhead Work, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No – Why: Hole Coverings Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No – Why: Use of Safety Net: <input type="checkbox"/> Yes <input type="checkbox"/> No – Why: Standby Person Required: <input type="checkbox"/> Yes <input type="checkbox"/> No – Why: Underlying Obstructions: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Oversized Exclusion Zone Required) High Wind Speeds: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Oversized Exclusion Zone Required)
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SECTION 4: HAZARD IDENTIFICATION GUIDANCE (IDENTIFY CONTROLS IN SECTION 5)

Area Hazards: <input type="checkbox"/> Concerns with Weather / Extreme Temps <input type="checkbox"/> Noise Concerns (SimOps/Generated) <input type="checkbox"/> Restricted Access / Egress <input type="checkbox"/> Poor Housekeeping (SimOps/Generated) <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Flying Debris <input type="checkbox"/> Wet / Slippery Surfaces <input type="checkbox"/> Other Workers / Public in Area <input type="checkbox"/> Moving Vehicles / Equipment <input type="checkbox"/> Confined Space <input type="checkbox"/> Over the Water <input type="checkbox"/> Fall from Height <input type="checkbox"/> Spill Potential / Environmental Impact <input type="checkbox"/> Electrical / GFI required <input type="checkbox"/> Other:	People Hazards: <input type="checkbox"/> Medical / Physical Limits <input type="checkbox"/> Fatigue / Stress <input type="checkbox"/> Fit for Work <input type="checkbox"/> Working Alone <input type="checkbox"/> Adequate Time <input type="checkbox"/> Training Required <input type="checkbox"/> Ergonomics/Body Position <input type="checkbox"/> Lifting heavy/ awkward load <input type="checkbox"/> Working above your head <input type="checkbox"/> Other:	Edge Hazards: <input type="checkbox"/> Sharp / Abrasive Edge Potential <input type="checkbox"/> Potential to Create Sharp Edge due to Work <input type="checkbox"/> Specific Rigging Procedure Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, See Attached: <input type="checkbox"/> Rope Protection Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, See Attached:	Hot Pipe Hazards: <input type="checkbox"/> Temp of Pipe: <small>(Measured with Heat Gun)</small> <input type="checkbox"/> Distance from Ropes: List All Mitigation Methods: <small>(i.e. Fabricated barrier/structure or piping to prevent any possible contact; Rigging away from heat source such that ropes cannot contact heat source when tech move; Wire slings – fire blankets; Work instruction and close supervision or combination of the above)</small> <input type="checkbox"/> Specific Rigging Procedure Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, See Attached:
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SECTION 5: FIELD LEVEL ASSESSMENT

Tasks	Hazards	Control Measures
	MECHANICAL	
	ELECTRICAL	
	PRESSURE	
	TEMPERATURE	
	CHEMICAL	
	BIOLOGICAL	
	RADIATION	
	SOUND	
	GRAVITY	
	MOTION	

