JHA Title: _____

JHA Number: _____ PAGE___OF___

JOB HAZARD ANALYSIS

Project Name: **Project Number:**		**Site:** **Bldg / Rm #:**
General Contractor: **Contractor(s):**		**Prepared By:** **Date:**
Craft(s):	**Scheduled Start Date:**	**Reviewed By:** **Date:**
Briefly Describe Task:		
Required PPE:		
Supplemental PPE:		
Required Permits:		
General Comments:	If work changes beyond the scope of this JHA - STOP. Notify your supervisor. Re-evaluate for possible new hazards. Confirm this JHA addresses all new hazards and safe actions are adequate. If not, revise as required. A copy of this JHA will be kept at the work site available for review upon request. This JHA will be reviewed by all workers prior to start of activities.	

WORK OPERATION	POTENTIAL ACCIDENTS OR HAZARDS	SAFE JOB ACTIONS NEEDED

JHA Title: _____

JHA Number: _____ PAGE___OF___

JHA Title: _____

JHA Number: _____ PAGE___OF___
