

DUKE FACILITIES JOB HAZARD ANALYSIS

Job Title: XXXXXXXX

Implementation Date: _____

Revision Date: _____

JHA NUMBER: 100-1

Functional Area: _____

Responsible Shop: _____

Job Hazard Severity (1=Low, 2=Medium, 3= High) ____

Description of Work: _____

Location of Work: _____

Date Work Will Begin: _____ End Date: _____

Analysis Completed By: _____ Person in Charge (POC): _____ POC Contact #: _____

Equipment To Be Used: Example: Ladder Insulated Hand Tools

Standard uniform requirements apply and all area hazard PPE must be worn in addition to those PPE requirements listed below.

	STEPS TO COMPLETE THE JOB	POTENTIAL HAZARDS	HAZARD CONTROLS	PPE REQUIRED
1.				
2.				
3.				
4.				
5.				
6.				

7.				
8.				

Signatures below indicate that this document is complete and correct. Do not sign this document unless you have a full understanding of the job steps, the hazards involved with the job steps and the methods that will be used to control identified hazards.

JHA Completed By:

Job Supervisor:

Date of Signatures: _____

Employees Completing Job:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____