



Job Hazard Analysis

Company Name:		Name:		Supervisor:	
Date:		Job Title:	Risk Level:	Worker:	
Location of Task:		Supervisor Review:	Date:	OHC Member/REP	
Training needed for task: Orientation <input type="checkbox"/> In House Training <input type="checkbox"/> Powered Mobile Equipment <input type="checkbox"/> Other: _____					
Personal Protective Equipment: (check all that apply)					
Gloves <input type="checkbox"/> (Cut Proof)	Eyewear <input type="checkbox"/> (Safety glasses)	Clothing <input type="checkbox"/> (Reflective vest)	Footwear (CSA approved)	Headwear <input type="checkbox"/> (Bump Cap)	Other, please specify _____
Steps	Tasks	Hazard Analysis		Controls	
	List all tasks normally done to complete this job	Identify all hazards that may be associated with this task		List all controls used to make the job as safe as possible *All standard company required PPE is mandatory at all times (CSA approved head, eye, and foot protection)	
1					
2					
3					
4					
5					

Low Risk = Minor first aid treatment or property damage not resulting in a lost time incident.

Medium Risk = Treatment from a medical professional or property damage that may result in a lost time incident.

High Risk = Emergency treatment from a medical professional or property damage that if happens will result in a time lost incident.
(Worker being away from work for more than 24 hours or a work stoppage for more than 24 hours)

Managers Signature: _____

Date: _____