|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Hazard Analysis** | |  | | **Date:** | |
| **Contract: Veteran Homes of California** | |  | | **Phase: Roof Truss Installation** | |
| **Contractor: Hensel Phelps** | | **Location: Fresno, CA** | | **Completed By:** | |
|  | |  | |  | |
| **Activity Operation** | | **Unsafe Condition, Action, or Other Hazard** | | **Preventative or Corrective Action That Will be Taken (Applicable Site - Specific MSDS should be listed.)** | |
| Material Handling | | Cuts, Abrasions | | Each employee shall be trained in proper PPE use for material handling. Each employee shall also wear PPE appropriate for the task performed. All nails and impalement hazards shall be removed prior to handling materials. | |
|  | | Soft Tissue | | Employees shall engage in stretch and flex prior to beginning operations. Employees shall use proper lifting practices during the operation. Awkward or heavy loads shall require the use of a team lift. During team lifting, proper communication shall be implemented to ensure that the load will be lifted uniformly. | |
|  | | Caught Between, Struck By, and Pinch Points | | Employees shall communicate prior to equipment use, proper sequencing and positioning for each employee. Only a qualified signal person is to be utilized on site. A copy of the signal person’s qualifications shall be available on site and in the office. Reflective vests shall be worn by all personnel. Eye contact shall be made with the operator prior to moving into a swing radius or hazard zone. The work zone shall be delineated properly to ensure that only authorized personnel have access to the work area. Signs will be placed as needed. | |
|  | | Slips, Trips, and Falls | | The work area shall be kept neat and orderly to prevent tripping hazards. All walkways are to be cleared prior to lifting materials. All impalement hazards shall be removed or mitigated during the work process. | |
|  | | Certified Operator | | The forklift shall be inspected by a certified operator prior to use. The forklift operator shall be certified, with a record on file before beginning operations. Defective equipment shall not be used. | |
| Forming | | Incorrect Use of Tools | | Employees shall be trained on the use of each tool prior to use. The tools shall be inspected by a qualified person, with defective tools being removed from the site. | |
|  | | Electrocution | | All cords and generators shall be equipped with GFCI or assured grounding. All cords and electrical components shall be inspected prior to use. Cords and electrical components shall not be used during wet conditions. Only qualified personnel can fix or address issues with electrical components. Red tag and remove any defective equipment immediately. | |
| Installation of Fall Protection | | Ladder Usage | | Only use ladders that have been inspected by a competent person. Ladders are to be used for their intended purpose only (A-frame ladders cannot be used as extension ladders). All ladders shall have appropriate warning labels and sticker legible and attached. Use a rope to raise and lower materials and equipment as needed. | |
| Fall Protection | | Improper Installation | | Inspect all points of connection prior to use. | |
|  | | Fall Hazards | | A spotter shall be utilized on the ground in tandem with the fall protection above. | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| **Equipment To Be Used** | **Inspection Requirements** | | **Training Requirements** | |
| Forklift | Daily | | Certification | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **Designated Competent Person** | **Activity** | | | |
|  |  | | | |
|  |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |
| Date of Review: |  | Printed Name: |  | Signature: |  |