

Bureau of Reclamation Job Hazard Analysis Form

Emergency Information	Job Location	GPS Location	Emergency Phone	Nearest Hospital	Law Enforcement	Ambulance

Job/Project Title: _____ Date: _____ JHA # _____

Job Description: _____

Equipment/Tools/Facilities Involved: _____

Applicable Regulatory References: _____

#	SIGNIFICANT STEPS/MAJOR ACTIVITIES IN SEQUENCE	HAZARDS (Physical, Chemical, Biological, Etc.)	HAZARD CONTROLS (Elimination, Substitution, Engineering, Administrative Control, Personal Protective Equipment)	HIGH RISK/EXPOSURE ASSESSMENT (Y/N)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Note: Divide operations only into the sequence of significant steps/major activities necessary to ensure adequate consideration of important items. It is suggested that when a JHA has more than 15 significant steps/major activities that the scope of work be evaluated for separation into multiple Job Hazard Analyses.

Required Training:	Required PPE:	Required Certifications, Licenses, Permits, Clearances, Critical Lift Plan, Entry Permits etc. (Confirm all are valid and current):

Additional information:

Job Hazard Analysis Review/Approval	Yes	No
Was the optional Pre-Job Assessment form used to help identify potential hazards?	Yes	No
If new High Risk Hazards were identified, was the JHA reviewed by a safety professional and a risk assessment completed if necessary?	Yes	No
Was an exposure assessment accomplished by an industrial hygienist for activities with newly identified potential health hazards?	Yes	No

Job Lead	Supervisor Approval
Signature:	Signature:
Date:	Date:
Safety Specialist Review (Only Newly Identified High Risk Hazard/Exposure Assessments that cannot be appropriately mitigated)	Industrial Hygienist Review (Only Newly Identified High Risk Hazard/Exposure Assessments that cannot be appropriately mitigated)
Signature:	Signature:
Date:	Date:
Facility Manager Approval (High Risk Hazard that cannot be appropriately mitigated)	Area Manager, or Regional Office Chief, or Equivalent Approval (High Risk Hazard that cannot be appropriately mitigated)
Signature:	Signature:
Date:	Date:

The following individuals have reviewed, UNDERSTAND, and acknowledge their responsibility to comply with this JHA and all attached documentation.

Date	Print Name	Signature	Date	Print Name	Signature

Post-Job Review	Yes	No
The contents of this Job Hazard Analysis was discussed with affected employees before they started assigned tasks.	Yes	No
An after action review was conducted with team members within 7 days of completion of all tasks associated with this job hazard analysis. Lessons learned were annotated below, and the JHA was updated within 30 calendar days.	Yes	No
Were there any incidents involving a near miss, injury, or damage to equipment or facility?	Yes	No
If yes, was the JHA reviewed by all team members and corrections made and reviewed by the Regional Office Division Chief/Facility Manager within 14 calendar days?	Yes	No

Lessons Learned (synopsis):

Job Lead	Supervisor Approval	Regional Office Division Chief/Facility Manager Review (JHA review required if an accident or near miss occurred)
Signature:	Signature:	Signature:
Date:	Date:	Date: