



Environmental Health & Safety

FLORIDA INTERNATIONAL UNIVERSITY

Jobs Hazard Analysis (JHA)

DATE: Feb 7 2017

TOOLS/EQUIPMENT REQUIRED

Latex Gloves

MATERIAL REQUIRED

Mop bucket
Custodial Cart

JOB/ACTIVITY/TASK NAME:
Filling & Emptying Mop Buckets

DEPARTMENT/GROUP NAME
Custodial

BLDG/AREA LOCATION(s):
LVS 1st Floor Hallway

PRIORITY RANKING:

SEVERITY: 1=Imminent Danger 2=Serious 3=Minor 4=Not Applicable

PROBABILITY: A=Probable B=Reasonably Probable C=Remote
D= Extremely Remote

Severity (S) * Probability (P) = Priority Ranking (PR)

Example: An employee working at a height of 20 feet without fall protection:
S(1) * P(A) = 1A or Probable Imminent Danger

Step	Sequence Of Steps	Potential Incidents Or Hazards	Priority Ranking	Controls In Place	Controls In Place	Controls In Place	Revised Priority Ranking with additional controls
				Engineering	Administrative	PPE	
1	Fill bucket with chemicals and water in custodial closet	1a Slip trip fall 1b Back strain	2B	3M Twist & Fill Chemical Custodial Cart	3M Chemical Training Lifting Training	Latex Gloves	3B – Ensure bucket is filled on custodial cart as designed. Bucket was filled in closet and lifted onto custodial cart
2	Empty bucket of dirty water/cleaning chemicals in custodial closet	1a Slip trip fall 1b Back strain	2B	3M Twist & Fill Chemical Custodial Cart	3M Chemical Training Lifting Training	Latex Gloves	3B – Ensure bucket is emptied from custodial cart as designed. Bucket was filled in closet and lifted onto custodial cart

I understand & will adhere to the steps, hazards & controls as described in this JHA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards are introduced. I understand I have the authority and responsibility to stop work I believe to be unsafe.

<u>Worker Name (please print)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have reviewed the steps, hazards & controls described in this JHA with all workers listed above and authorize them to perform the work. Workers are qualified (i.e. licensed or certified, as appropriate, & in full compliance with FIU training requirements) to perform this activity.

_____	_____	_____
Supervisor	Signature	Date

REQUIRED ONLY FOR MAINTENANCE ACTIVITIES WHERE OCCUPANTS MAY BE AFFECTED BY THE TASK - I have communicated area hazards with the supervisor or listed worker(s) for this activity and have coordinated the described activity with affected occupants. The above listed workers are released to perform described scope of work in the following area(s): _____

_____	_____	_____
Area or Building Manager	Signature	Date