



Environmental Health & Safety

FLORIDA INTERNATIONAL UNIVERSITY

Jobs Hazard Analysis (JHA)

DATE: Feb 9 2017

TOOLS/EQUIPMENT REQUIRED

Neoprene Gloves
Goggles
Lab Coat

MATERIAL REQUIRED

Volumetric flask
DI Water
Concentrated hydrochloric acid
Funnel
Stirrer Plate

JOB/ACTIVITY/TASK NAME:
Making hydrochloric acid solutions

DEPARTMENT/GROUP NAME
Chemistry

BLDG/AREA LOCATION(s):
AC2 Room 343

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	Obtain materials required and place in working chemical fume hood	1a Slip trip fall	3B	Chemical Fume Hood	Two people Generic Lab SOPs	Neoprene Gloves Goggles Lab Coat	No risk reduction recommended
2	Fill volumetric flask half full of DI water	1a Splash hazard 1b Spill	3B	Chemical Fume Hood Funnel	Two people Generic Lab SOPs	Neoprene Gloves Goggles Lab Coat	No risk reduction recommended
3	Pour acid into volumetric flask to make desired concentration	1a Splash hazard 1b Spill	3B	Chemical Fume Hood Funnel	Two people Generic Lab SOPs	Neoprene Gloves Goggles Lab Coat	No risk reduction recommended
4	Mix until mixture is homogeneous	1a Splash hazard 1b Spill	3B	Chemical Fume Hood Magnetic Stirrer Plate	Two people Generic Lab SOPs	Neoprene Gloves Goggles Lab Coat	No risk reduction recommended

5	Bottle solution and label bottle, cap bottle	1a Splash hazard 1b Spill	3B	Chemical Fume Hood Funnel	Two people Generic Lab SOPs	Neoprene Gloves Goggles Lab Coat	No risk reduction recommended
---	---	------------------------------	----	---------------------------------	-----------------------------------	---	-------------------------------

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