



# Environmental Health & Safety

FLORIDA INTERNATIONAL UNIVERSITY

## Jobs Hazard Analysis (JHA)

DATE: Feb 13 2017

### TOOLS/EQUIPMENT REQUIRED

Safety glasses  
Mechanics Gloves

### MATERIAL REQUIRED

**JOB/ACTIVITY/TASK NAME:**

Prepare forktruck for use

**DEPARTMENT/GROUP NAME**

Visual Arts

**BLDG/AREA LOCATION(s):**

W1

**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	Remove gas cap and check gas level with wooden stick	1a Splash, exposure	3B		Sporadic forktruck training	Safety glasses Mechanics Gloves	3C – Eliminate sticking gas tank to determine level. Install gas cap with float mechanism and level gauge. Provide mandatory training on forktrucks every 3 years.
2	Perform visual check of unit (from memory)	1a Forget to check critical item	2A	Annual Maintenanc Typically	Sporadic forktruck training	Safety glasses Mechanics Gloves	3B – Develop a forktruck daily inspection checklist. Ensure a diligent PM program is developed for forktrucks. Driver stated that wheel fell off a couple years back when a pin sheared. Provide mandatory training on forktrucks every 3 years.
3	Start and operate fork truck	1a Improper operation (not trained) resulting in any multitude of injuries (fall, etc)	2A	Seat belt	Sporadic forktruck training	Safety glasses Mechanics Gloves	3B - Provide mandatory training on forktrucks every 3 years.

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***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