



Environmental Health & Safety

FLORIDA INTERNATIONAL UNIVERSITY

Jobs Hazard Analysis (JHA)

DATE: Feb 15 2017

TOOLS/EQUIPMENT REQUIRED

Safety Glasses

Gloves

Safety Glasses

JOB/ACTIVITY/TASK NAME:

Replacing Table Saw Blades

MATERIAL REQUIRED

DEPARTMENT/GROUP NAME

Exhibitions

BLDG/AREA LOCATION(s):

WOLFSONIAN Wood Shop

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	Isolate power to table saw by turning off circuit breaker	1a Electrical Shock	2A			Safety Glasses Gloves	3C – Institute a comprehensive high risk work HRW program and provide annual training. Isolation was shtting off the circuit breaker. HRW includes LOTO, electrical safety for this task. Isolation was completed without LOTO
2	Obtain spare blade and lay near table saw	1a. Laceration	3A			Safety Glasses Gloves	3C – Replace gloves, current gloves have holes at fingertips
3	Raise blade with crank and use wrench to remove old blade	1a Laceration 1b Strain	3A			Safety Glasses Gloves	3C – Replace gloves, current gloves have holes at fingertips
4	Install new bkade and use	1a Laceration	3A			Safety Glasses	3C – Replace gloves, current

	wrench to tighten new blade	1b Strain				Gloves	gloves have holes at fingertips

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