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|  | | | | | **Jobs Hazard Analysis**  **(JHA)**  DATE: | | | | | | | | TOOLS/EQUIPMENT REQUIRED        MATERIAL REQUIRED | | | |
| JOB/ACTIVITY/TASK NAME: | | | | | | | | | | | | |
| DEPARTMENT/GROUP NAME | | | | | BLDG/AREA LOCATION(s): | | | | | | | |
| |  |  | | --- | --- | | 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 | | Controls In Place | | Controls In Place | | Controls In Place | | Priority Ranking | | | | Additional Controls Required/ Revised Priority Ranking |
|  | |  | |  | | Engineering | | Administrative | | PPE | |  | | | |  |
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| Step | Sequence Of Steps | Potential Incidents Or Hazards | | | | Controls In Place | | Controls In Place | | Controls In Place | | | Priority Ranking | Additional Controls Required/ Revised Priority Ranking | |
|  |  |  | | | | Engineering | | Administrative | | PPE | | |  |  | |
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| Step | Sequence Of Steps | Potential Incidents Or Hazards | | | | Controls In Place | | Controls In Place | | Controls In Place | | | Priority Ranking | Additional Controls Required/ Revised Priority Ranking | |
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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.

Worker Name (please print) Signature Date

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***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.***

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Supervisor Signature Date

***REQUIRED ONLY FOR MAINTENANCE ACTIVITES 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):***

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Area or Building Manager Signature Date