

Jobs Hazard Analysis (JHA)

TOOLS/EQUIPMENT REQUIRED

Nitrile Gloves Goggles Lab Coat

DATE: Feb 9 2017

MATERIAL REQUIRED

Soap

Plastic test tube bin

JOB/ACTIVITY/TASK NAME:

Washing Test Tubes

DEPARTMENT/GROUP NAME

Chemistry Stockroom

BLDG/AREA LOCATION(s):

AC2 Room 340

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	Priority	Controls	Controls In	Controls In	Revised Priority Ranking
		Hazards	Ranking	In Place	Place	Place	with additional controls
				Engineering	Administrative	PPE	
1	Check that the test tube wash sink is clear	1a Sharps hazard - laceration	3B		`	Nitrile Gloves Goggles Lab Coat	No risk reduction recommended
2	Collect a plastic bin that can sustain the load for the amount of test tubes to be washed	1a Sharps hazard – laceration	3B			Nitrile Gloves Goggles Lab Coat	No risk reduction recommended
3	Place test tubes in plastic bin	1a Sharps hazard - laceration	3B			Nitrile Gloves Goggles	No risk reduction recommended
						Lab Coat	
4	Carry bin and test tubes to wash sink	1a Slip trip fall	3B			Nitrile Gloves Goggles	No risk reduction recommended
						Lab Coat	
5	Place bin with test tubes in sink	1a Sharps hazard - laceration	3B			Nitrile Gloves Goggles Lab Coat	No risk reduction recommended

FIU JHA PROCEDURE

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6	Soak test tubes with warm water and soap	1a Sharps hazard – laceration 1b splash hazard	3B	Nitrile Glo Goggles Lab Coat	oves No risk reduction recommended
7	Scrub test tubes	1a Sharps hazard - laceration	3B	Nitrile Glo Goggles Lab Coat	oves No risk reduction recommended
8	Rinse test tubes with water and a small amount of acetone	1a Sharps hazard – laceration 1b splash hazard 1c inhalation hazard	3B	Nitrile Glo Goggles Lab Coat	No risk reduction recommended

contact my supervisor	prior to continuing work, if the	s that have not been evaluated, nor authorized. I will he scope of work changes or new hazards are esponsibility to stop work I believe to be unsafe. Date
- Tomer Hamo (produce print)		
authorize them to perfo	•	ribed in this JHA with all workers listed above and ualified (i.e. licensed or certified, as appropriate, & in this activity.
Supervisor	Signature	Date
- I have communicated coordinated the descri	area hazards with the super	WHERE OCCUPANTS MAY BE AFFECTED BY THE TAVISOR OF listed worker(s) for this activity and have supants. The above listed workers are released to rea(s):
Area or Building Manager	Signature	Date