

Jobs Hazard Analysis (JHA)

DATE: Feb 7 2017

TOOLS/EQUIPMENT REQUIRED

A Frame Ladder

MATERIAL REQUIRED

JOB/ACTIVITY/TASK NAME:
Changing Elevated Lightbulbs With A Frame Ladder

DEPARTMENT/GROUP NAME
Facilities Residential Life

BLDG/AREA LOCATION(s):
LVS First Floor Dorm Room

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	Select appropriate ladder for the job, inspect ladder per training prior to use	1a Slip trip fall (incorrect ladder) 1b Slip Trip Fall (correct ladder)	3B	Ladder	Mandatory Annual Ladder Training		3C – Provide annual slip trip fall training. Institute a ladder inspection checklist.
2	Place ladder in clear level area below fixture	1a. Strain 1b. Slip trip fall	3B	Ladder	Mandatory Annual Ladder Training		3C – Provide annual slip trip fall training. Institute a ladder inspection checklist.
3	De-energize power to light using wall switch	1a None (Tech was in control of the switch)	4D	Ladder	Mandatory Annual Ladder Training		No risk reduction recommended
4	Climb ladder, disassemble fixture and replace bulb	1a Strain 1b Slip trip fall 1c Laceration (bulb breaks)	3B	Ladder	Mandatory Annual Ladder Training		3C – Include the use of PPE for this task – safety glasses for foreign objects and gloves in case of bulb breakage. Provide annual slip trip fall training.
5	Re-assemble fixture and	1a Strain	3B	Ladder	Mandatory		3C – Provide annual slip trip fall

	descend ladder	1b Slip trip fall			Annual Ladder Training		training. Institute a ladder inspection checklist.
6	Check light – energize via switch	1a None	4D				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