



# Environmental Health & Safety

FLORIDA INTERNATIONAL UNIVERSITY

## Jobs Hazard Analysis (JHA)

DATE: Feb 14 2017

### TOOLS/EQUIPMENT REQUIRED

Ear plugs/ear muffs  
Faceshield

### MATERIAL REQUIRED

Spill kit

#### JOB/ACTIVITY/TASK NAME:

Emergency Generator Startup

#### DEPARTMENT/GROUP NAME

Facilities Management LS/US

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

CSC Room 1080

#### 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	Shut off emergency generator auto start switch and perform visual inspection of room and emergency generator. Use spill kit as needed.	1a Slip trip fall	3C				3D – Provide slip trip fall training
2	Check emergency generator fluids - oil, antifreeze. Check air filter, belts, and hoses	1a. Splash hazard 1b Slip trip fall	3C				3D – Consider use of gloves/fsceshield when checking fluids, Develop slip trip fall training. Provide ladder or platform to check antifreeze level.
3	Don PPE and start emergency generator	1a High noise	3C			Ear plugs Ear Muffs	No risk reduction recommended
4	Run generator for 15 minutes and check T, oil P, voltage etc. on gauges and record on log	1a High noise	3C			Ear plugs Ear Muffs	No risk reduction recommended

	sheet						
5	Enable auto transfer switch if performing transfer switch check. Perform troubleshooting if transfer fails.	1a Electrical shock/flash hazard	1B			Ear plugs Ear Muffs	3C – NOTE If transfer switch malfunctions mechanics may open hi voltage cabinet to troubleshoot. Cabinet was not bolted close (bolts missing). Institute an NFPA70E Arc Flash Program or have only qualified persons work on the transfer switch.

***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