



# Environmental Health & Safety

FLORIDA INTERNATIONAL UNIVERSITY

## Jobs Hazard Analysis (JHA)

DATE: Feb 14 2017

### TOOLS/EQUIPMENT REQUIRED

Latex Gloves  
Labcoat

### MATERIAL REQUIRED

JOB/ACTIVITY/TASK NAME:  
Instrument Preparation For Autoclaving

DEPARTMENT/GROUP NAME  
Biomedical Engineering

BLDG/AREA LOCATION(s):  
ACH4 Room 518

### 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	Load autoclave tray with clean surgical instruments	1a Laceration 1b Puncture	3B		OTJ Training	Latex Gloves Lab Coat	No risk reduction recommended
2	Install lid on tray, clamp lid to tray and label tray	1a Pinch 1b Strain	3B				No risk reduction recommended
3	Place tray on cart	1a Slip Trip Fall	3B				No risk reduction recommended
4	Move cart down hall to autoclave area for technician	1a Slip Trip Fall	3B				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