

**JOB HAZARD ANALYSIS (JHA) JHA#**

Certification of Hazard Assessment

# Job Title or Task:

Department:

**Title of person(s) performing this job/task:**

# JHA Created by:

Date:

JHA Approved/Certified by:

Date:

|  |  |  |
| --- | --- | --- |
| **Task Step (Sequence)** | **Known or Potential Hazard(s)** | **Controls (Preventive or Corrective Action)** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |

If required, continue steps on next page



|  |  |  |
| --- | --- | --- |
| 10. |  |  |
| 11. |  |  |
| **Required Training** | **Minimum Required Personal Protective Equipment** |
| Minimum :-All UCCS-required basic employee safety training- Anyone performing this task, must be trained on these JHA provisions Additional:--- | ***Circle All That Apply*** |

Use the space below or additional pages to attach pictures, diagrams, or other relevant information.

