



ACTIVITY HAZARD ANALYSIS

(AHA must be immediately accessible to foreman while work is in progress.)

Project Name: _____

Date: _____

Job Task/Title: _____ Location of Job: _____

Person in Charge of Task: _____ Person Completing: _____

What special training is required for this task?: _____

Basic Job Steps Associated with Task

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Physical Hazards (Remove these hazards where possible.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fall Hazard-Personnel Fall Potential | <input type="checkbox"/> Weld Flash Hazard | <input type="checkbox"/> Heavy Metal: _____ |
| <input type="checkbox"/> Trip Hazard | <input type="checkbox"/> Electrical Hazard-Possible Contact | <input type="checkbox"/> Chemical: _____ |
| <input type="checkbox"/> Flying Debris / Grinding | <input type="checkbox"/> Rigging Hazard | <input type="checkbox"/> Hazardous Material: _____ |
| <input type="checkbox"/> High Noise Hazard >85 dBL | <input type="checkbox"/> Manual Lifting Hazard-Strain Hazard | <input type="checkbox"/> Vehicle Traffic Area |
| <input type="checkbox"/> High Heat / Heat Stress .77 d WBGT | <input type="checkbox"/> Excavations / Trenches | <input type="checkbox"/> Thermal Spray Fumes / Ventilation |
| <input type="checkbox"/> Burn Hazard-Contact Hot Surfaces | <input type="checkbox"/> Entanglement w/ Moving Equipment | <input type="checkbox"/> Sensitive Equipment Area |
| <input type="checkbox"/> Pinch Point Hazard-Hand Protection | <input type="checkbox"/> Asbestos Hazard | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Struck by Falling Object | <input type="checkbox"/> Chromium Fumes (Welding SS) | |

Work Practice / Engineering Controls

- | | | |
|--|--|--|
| <input type="checkbox"/> Consult w/ Safety / Operations / Security | <input type="checkbox"/> Control Energy / Lockout-Tagout | <input type="checkbox"/> Install Shielding |
| <input type="checkbox"/> HEPA Ventilation / Vacuuming | <input type="checkbox"/> Build Enclosure | <input type="checkbox"/> GFCI |
| <input type="checkbox"/> Other: _____ | | |

Signs / Barricades Required

- | | | |
|---|--|--|
| <input type="checkbox"/> YELLOW Caution Tape/Rope/Signs | <input type="checkbox"/> Danger-Flammable Signs | <input type="checkbox"/> Wall Openings/Holes |
| <input type="checkbox"/> RED Danger Tape/Rope/Signs | <input type="checkbox"/> Hazardous Materials Signs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Danger-Confined Space Signs | <input type="checkbox"/> Ownership Barricades/Chains | |

Personal Protective Equipment Required

- | | | |
|--|---|--|
| <input type="checkbox"/> Hardhat (Within Inspection Dates) | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Safety Glasses (w/Side Shields) | <input type="checkbox"/> Body Harness | <input type="checkbox"/> Cotton |
| <input type="checkbox"/> Dark Lenses | <input type="checkbox"/> Retractable | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Monogoggles/Spoggles | <input type="checkbox"/> Guardrails | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Coveralls/Suits | <input type="checkbox"/> Impact Resistant |
| <input type="checkbox"/> Dark Shield | <input type="checkbox"/> Fire Retardant | <input type="checkbox"/> Latex / Rubber |
| <input type="checkbox"/> Work Boots (Steel or Composite Toe) | <input type="checkbox"/> Orex / Tyvek | <input type="checkbox"/> Leather |
| <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Chemical Suits | <input type="checkbox"/> Cut Resistant (Kevlar) |
| <input type="checkbox"/> Shoe Covers | <input type="checkbox"/> Welding Jackets / Leathers | <input type="checkbox"/> Personal Flotation Device - PFD |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> GFCI | <input type="checkbox"/> Reflective Safety Vest (Flagging) |
| <input type="checkbox"/> Other: _____ | | |

Permits/Procedures Required

- Hot Work Permit
- Confined Space Permit
- Critical Lift Permit
- Excavation / Trench

Monitoring Required

- Atmospheric Monitoring
- Fire Watch
- Attendant (Hole Watch)

Inspections

- | | |
|--|---|
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Aerial Lift |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Fork-Lift |
| <input type="checkbox"/> Equipment / Tools | <input type="checkbox"/> Other: _____ |

Employee Certifications / Qualifications Required

- | | |
|--|---|
| <input type="checkbox"/> Crane Operator | <input type="checkbox"/> Excavation / Trenching |
| <input type="checkbox"/> Fork-Lift Operator | <input type="checkbox"/> Confined Space Entry Supervisor / Entrant / Supervisor |
| <input type="checkbox"/> Aerial Lift Operator | <input type="checkbox"/> Qualified Scaffolding Erector |
| <input type="checkbox"/> Powder Actuated Tool User | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fire Watch | |

List below any additional hazards and / or controls needed to perform this task.

Emergency Phone Numbers and Assembly Point

Phone: _____ Radio: _____ Fire: _____ Medical: _____

Assembly Point: _____

Questions for the Supervisor to Ask the Crew

- 1. Is there anyone unfamiliar with performing this task? If yes, team the individual(s) up with an experienced person.
- 2. Has the appropriate SDS been reviewed?

Briefing with Work Crew

By signing this document, you have attended a pre-job briefing, understand and agree with the safety requirements identified, policies and procedures outlined for the safe completion of this task, and that failure to follow these requirements and/or procedures properly may result in disciplinary action up to and including termination.

PRINT NAME

SIGN NAME

PRINT NAME

SIGN NAME

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Task Completion

Task area is cleaned up and safe? Yes No

Barricades / Tape are removed from task area? Yes No

Clearances removed from plant equipment? Yes No

If no, why not? _____

List any problems, delays, hold-ups, and/or improvements encountered with task assignment: _____

Events

AHA must be kept on file for the duration of the job if any of the below events occur, otherwise AHA may be disposed of after 30 days.

* Requires Site Safety Manager notification within 30 minutes.

** Requires immediate corporate EHS department notification.

Environmental Event

- Near Miss*
- Chemical Spill*
- Air Contaminant Release*
- EPA Event**

Injury Event

- Near Miss*
- First Aid*
- Medical Attention*
- Hospital / Doctor's visit**

Property Event

- Near Miss*
- Equipment Damage*

Property Event

Has the event been reported to the Safety Department?

- Yes
- No
- N/A

If no, why not? _____

Nature of Incident

Corrective Action Taken

Crew Supervisor / Foreman Signature

Supervisory Review