

# POINT OF USE JOB HAZARD ANALYSIS

Plant location	Date		
<b>Before you start circle the appropriate box</b>			
Do I fully understand the pre task brief that I have been asked to do?	YES	NO	N/A
Do I have the relevant tools or equipment to complete the task safely?	YES	NO	N/A
Have I got the necessary documentation for the job?	YES	NO	N/A
Am I at the correct location/plant or item of machinery?	YES	NO	N/A
Do I have the right Personal Protective Equipment I need to complete the task safely?	YES	NO	N/A
Are power tools and leads tested and safe to use?	YES	NO	N/A
Are scaffolds, ladders & lifting equipment tested/inspected?	YES	NO	N/A

If you answer NO to any of the above, take the required action. If in doubt contact a Supervisor.

**HAZARD ASSESSMENT: CHECK** any hazards that you consider may have been introduced and take appropriate action to ensure safe working.

Slip/Trip or fall	Manual handling	Vibration	
Fall from height	Stored energy/insecure load	Electricity	
Falling/flying object	Vehicles	Radiation	
Hazardous substances	Risk to you & or others	Contamination	
Heat/fire explosion	Entry into a confined space	Lighting	
Asphyxia or drowning	Dust/fumes	Temperature	
Risk to plant	Asbestos or other fibres	Adverse weather	
Contact stationary object	Noise	Running nip/pinch point etc	
Overturning/collapsing			
Other please specify.			

I confirm that general safety has been maintained and agree to proceed with the task safely.

Name ..... Signature .....

<b>For ongoing tasks confirm that safety has been maintained using the boxes below.</b>			
Date	Initials	Date	Initials
Date	Initials	Date	Initials
Date	Initials	Date	Initials

Hazard checked	Control/measures procedures deployed	Residual risk key please circle				
		IT	S	M	T	TR

Is there a quicker or easier or safer way of doing this job?	YES	NO
Are there any lessons for the next time we do this job?	YES	NO
Did the work create any additional unforeseen hazards?	YES	NO

**END OF JOB/TASK REVIEW**  
If you have answered YES to any of the above please discuss the matter with your supervisor.

NAME (Print)	Signature	Date

Please note all personnel working under this JHA should complete the above table before work commences.