



Main Shop's Phone Number
Safety Manager's Phone Number

QC 563-285-7502
319-550-4164
CR 319-364-1569

PRE JOB HAZARD ASSESSMENT

OUR GOAL IS **ZERO** INJURIES IN THE WORKPLACE

Revised 10/12/17

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| GENERAL INFORMATION | ORIGINAL ISSUE DATE: | BARRICADE REQUIREMENTS <input type="checkbox"/> N/A |
| PJHA Completed By: _____ | Revalidation Date: _____ | <input type="checkbox"/> Rigid Railing Required <input type="checkbox"/> Cones <input type="checkbox"/> Covers Marked and Secure |
| Foreman/Supervisor: _____ | Revalidation Date: _____ | <input type="checkbox"/> Danger Tape or Caution Tape <input type="checkbox"/> Warning Signs Required |
| Job Site and Work Area: _____ | Revalidation Date: _____ | LOCKOUT/TAGOUT (Energy System Isolation Verified) <input type="checkbox"/> N/A |
| Job Name or Work Order #: _____ | Revalidation Date: _____ | <input type="checkbox"/> LOTO walked down with the Coordinator |
| SCOPE OF WORK: | | <input type="checkbox"/> Locks and tags installed |
| | | <input type="checkbox"/> Lock Box/Equipment #: _____ |
| | | <input type="checkbox"/> Lock Box Location _____ |
| | | <input type="checkbox"/> Equipment tested to verify the effectiveness of LOTO |
| MAIN TASKS ASSOCIATED WITH THIS JOB? | | SCAFFOLDS <input type="checkbox"/> N/A |
| 1) _____ | | <input type="checkbox"/> Scaffold Tags in Place |
| 2) _____ | | <input type="checkbox"/> Scaffold Inspected Daily/Per Shift/or Every 12 Hours? |
| 3) _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No - Have Revalidated |
| PLEASE LIST TOOLS/EQUIPMENT NECESSARY TO PERFORM JOB/TASKS (Inspect all prior to each use) | | OTHER SAFETY CONSIDERATIONS <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Have all other trades working in area been notified of our work |
| | | <input type="checkbox"/> Need fire extinguisher <input type="checkbox"/> Need fire blankets |
| REQUIRED PPE; CHECK ALL THAT APPLY | | HAZARDS CONTROLS TO ELIMINATE HAZARD <input type="checkbox"/> N/A |
| PPE For All Job Tasks: Safety glasses with side shields, gloves & work boots appropriate for task. | | <input type="checkbox"/> Slips/Trips _____ |
| SPECIAL EMPHASIS – PROPER GLOVES FOR TASK (CUT RESISTANT/WELDERS GLOVES/ETC) | | <input type="checkbox"/> Pinch Points _____ |
| <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Welding Sleeves <input type="checkbox"/> Anchor Point <input type="checkbox"/> Rubber Boots | | <input type="checkbox"/> Burns _____ |
| <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Vest <input type="checkbox"/> Arc Flash Protection <input type="checkbox"/> Dust Mask | | <input type="checkbox"/> Cuts/Sharp Edges _____ |
| <input type="checkbox"/> Face Sheild <input type="checkbox"/> Safety Harness <input type="checkbox"/> Tyvek Suit <input type="checkbox"/> Respiratory Protection | | <input type="checkbox"/> Line of Fire _____ |
| <input type="checkbox"/> Welding Hood <input type="checkbox"/> Retractable <input type="checkbox"/> Chemical Suit/Gloves/Boots | | <input type="checkbox"/> Lifting/Pulling/Pushing _____ |
| <input type="checkbox"/> Other Protective Equipment/Clothing(Specify): _____ | | <input type="checkbox"/> Difficult Access _____ |
| ADDITIONAL PERMITS NEEDED <input type="checkbox"/> N/A | | <input type="checkbox"/> Weather/Lighting _____ |
| <input type="checkbox"/> Confined Space <input type="checkbox"/> Rigging/Lifting <input type="checkbox"/> Lockout Tagout <input type="checkbox"/> Safety Device Bypass | | <input type="checkbox"/> Fall from Heights Rescue Plan In The Event of A Fall: _____ |
| <input type="checkbox"/> Elevated Work <input type="checkbox"/> Critical Lift <input type="checkbox"/> Ignition Source <input type="checkbox"/> Line Break | | <input type="checkbox"/> Other (Please Describe): _____ |
| <input type="checkbox"/> Hot Work <input type="checkbox"/> Silica <input type="checkbox"/> Other (Specify): _____ | | |

Involved Crew Members: I have read and understand the above information and have received verbal instruction from my foreman/supervisor. I have also read and understand all the necessary permits and safe work procedures required for this task. If revalidating permit, each person must redate next to their name below in order to certify this pjha as valid. **SIGN & DATE**

| | | | | | |
|--------------------------|------------------------|--------------------------|------------------------|--------------------------|------------------------|
| Legibly Sign Name | Date/Reval Date | Legibly Sign Name | Date/Reval Date | Legibly Sign Name | Date/Reval Date |
| X _____ | | X _____ | | X _____ | |
| X _____ | | X _____ | | X _____ | |
| X _____ | | X _____ | | X _____ | |

Foreman/Supervisor Signature _____ **Date/Reval Date** _____ **PJHA Audited By:** _____