

**ADDENDUM V**  
**DEPARTMENT OF HEALTH SERVICES**  
**Job Hazard Analysis Form**

	Task: Effective Date: _____ Page ____ of ____ Department: _____		
Prepared By: Date:	Reviewed By: Date:	Approved By: Date:	
1. Equipment Operated:			
2. Environmental Conditions <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Cold <input type="checkbox"/> Heat <input type="checkbox"/> Wet <input type="checkbox"/> Dust <input type="checkbox"/> Vapors/Mist <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Other _____			
3. Primary Job Functions & Position <input type="checkbox"/> Lifting <input type="checkbox"/> Grasping <input type="checkbox"/> Pushing <input type="checkbox"/> Sitting <input type="checkbox"/> Reaching <input type="checkbox"/> Bending <input type="checkbox"/> Kneeling <input type="checkbox"/> Standing <input type="checkbox"/> Pulling <input type="checkbox"/> Squatting <input type="checkbox"/> Other _____			
4. Physical Demands	Continuously (C) 67-100%   Occasionally (O) 1-33% Frequently (F) 34-66%   Not Applicable (N) 0%		
Standing	Walking	Sitting	Pushing
Pulling	Climbing	Stooping	Bending
Kneeling	Reaching	Carrying (lbs. distance)	
5. Potential Hazards	Controlled By		
Impact	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
Chemical Contact	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
Caught on or between	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
Fall or Slip	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
Over Exertion	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
Cumulative Trauma	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
Other	<input type="checkbox"/> PPE	<input type="checkbox"/> Procedure	<input type="checkbox"/> Training <input type="checkbox"/> Guards
6. List of Specific Hazards			
7. Chemical List			
8. Personal Protective Equipment			
Face –	Hand –	Foot –	
Eye –	Head -	Clothing –	
Respiratory -	Other	Other	
9. Procedure – describe step by step – record on next page			

# Job Hazard Analysis Worksheet

9. Job Hazard Analysis Procedure Worksheet		
Job:		
Analysis By:	Reviewed By:	Approved By:
Date:	Date:	Date:
Tasks & Sequence of Steps	Potential Accidents or Hazards*	Controls