

Activity Hazard Analysis (AHA) CHECKLIST

Project Name:

Task:

	Hazards	Controls	PPE	Permits
<input type="checkbox"/>	Manual Lifting	<input type="checkbox"/> Warm up <input type="checkbox"/> Lift object: close to body, avoid twisting, use legs, face the load <input type="checkbox"/> < 40 lb./person <input type="checkbox"/> Team Lift	<input type="checkbox"/> Select	
<input type="checkbox"/>	Overhead Utility Pole Wire	<input type="checkbox"/> Vehicles > 20 ft. (truck, aerial/scissor lift, crane) from overhead electric lines	<input type="checkbox"/> Select	<input type="checkbox"/> EEWP
<input type="checkbox"/>	Electric Power	<input type="checkbox"/> Barricade <input type="checkbox"/> Determine all outputs <input type="checkbox"/> LTT <input type="checkbox"/> 2-person rule if > 50V <input type="checkbox"/> Verify de-energized with AC voltage detector <input type="checkbox"/> Re-energization plan in place <input type="checkbox"/> Shock boundaries <input type="checkbox"/> Attendants	<input type="checkbox"/> Select	<input type="checkbox"/> EEWP
<input type="checkbox"/>	Hoist or Overhead Crane	<input type="checkbox"/> Signal person <input type="checkbox"/> Tag lines <input type="checkbox"/> Barricaded <input type="checkbox"/> Crane & connections inspected	<input type="checkbox"/> Select	
<input type="checkbox"/>	Mobile Crane	<input type="checkbox"/> Signal person <input type="checkbox"/> Tag lines <input type="checkbox"/> Barricaded <input type="checkbox"/> Crane & connections inspected	<input type="checkbox"/> Select	<input type="checkbox"/> LIFT
<input type="checkbox"/>	Forklift	<input type="checkbox"/> Pre-use inspected <input type="checkbox"/> Safe speed <input type="checkbox"/> Secure load <input type="checkbox"/> Spotter <input type="checkbox"/> Use horn <input type="checkbox"/> Reverse driving if front view blocked <input type="checkbox"/> Seatbelt <input type="checkbox"/> On grades, tilt load back	<input type="checkbox"/> Select	<input type="checkbox"/> LIFT (When using attachments)
<input type="checkbox"/>	Trench/Dig/ Excavate	<input type="checkbox"/> Utilities & Safe dig zone identified <input type="checkbox"/> If > 5 ft. depth: shore, slope, or shield <input type="checkbox"/> If > 4 ft. depth: Egress every 25 ft., Ventilate & 4-Gas Testing	<input type="checkbox"/> Select	<input type="checkbox"/> DIG
<input type="checkbox"/>	Floor/Wall/Ceiling	<input type="checkbox"/> Utilities & Safe penetration zone identified in Floor, Wall, or Ceiling <input type="checkbox"/> Drill stops		<input type="checkbox"/> PENETRATION
<input type="checkbox"/>	Weld/Cut/Braze/Grind	<input type="checkbox"/> Fire Watch with fire extinguisher <input type="checkbox"/> Flammables & combustibles removed <input type="checkbox"/> Flammable & combustibles covered <input type="checkbox"/> Welding screens <input type="checkbox"/> GFCI <input type="checkbox"/> Ventilation	<input type="checkbox"/> Select	<input type="checkbox"/> HW
<input type="checkbox"/>	Vehicle Traffic	<input type="checkbox"/> Cones <input type="checkbox"/> Barricaded & Signs <input type="checkbox"/> Traffic Flagman <input type="checkbox"/> Signaller <input type="checkbox"/> High-Vis Vest	<input type="checkbox"/> Select	
<input type="checkbox"/>	Hand & Power Tool, Cord	<input type="checkbox"/> GFCI <input type="checkbox"/> Pre-use inspected <input type="checkbox"/> Guarded <input type="checkbox"/> No electric tools in wet locations	<input type="checkbox"/> Select	
<input type="checkbox"/>	Ladder (portable & fixed)	<input type="checkbox"/> Pre-use inspected <input type="checkbox"/> Climb no tools in hands <input type="checkbox"/> Rated Type I <input type="checkbox"/> No over reach <input type="checkbox"/> 4:1 angle <input type="checkbox"/> Ladder tied off/held <input type="checkbox"/> 3 points of contact <input type="checkbox"/> No stand top steps	<input type="checkbox"/> Select	
<input type="checkbox"/>	Scaffold	<input type="checkbox"/> Pre-use inspected <input type="checkbox"/> Tags current <input type="checkbox"/> Footings solid <input type="checkbox"/> Secured to structure <input type="checkbox"/> Guardrails & toe-boards used <input type="checkbox"/> Ladder installed & secured <input type="checkbox"/> Gates	<input type="checkbox"/> Select	
<input type="checkbox"/>	Overhead Object Dropped	<input type="checkbox"/> Toe-board, screen, debris net <input type="checkbox"/> Tools tethered <input type="checkbox"/> Scrap chutes <input type="checkbox"/> Barricade	<input type="checkbox"/> Select	
<input type="checkbox"/>	Scissor Lift & Aerial/MEWP	<input type="checkbox"/> Pre-use inspect <input type="checkbox"/> Firm surface <input type="checkbox"/> Work inside guardrail <input type="checkbox"/> Spotter <input type="checkbox"/> Barricade	<input type="checkbox"/> Select	
<input type="checkbox"/>	Slip, Trip or Fall	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Hoses/cords organized <input type="checkbox"/> Spills prevented <input type="checkbox"/> Hole cover	<input type="checkbox"/> Select	
<input type="checkbox"/>	Line-Of-Fire	<input type="checkbox"/> Tool guards <input type="checkbox"/> Line-of-Fire clearance area <input type="checkbox"/> Barricades	<input type="checkbox"/> Select	
<input type="checkbox"/>	Compressed Gas Cylinders	<input type="checkbox"/> Pre-use inspected <input type="checkbox"/> Secured & upright <input type="checkbox"/> Oil & grease-free cylinders <input type="checkbox"/> Oxygen & fuel cylinders secured on welding cart or separated by 20ft. or fire-rated wall	<input type="checkbox"/> Select	
<input type="checkbox"/>	Very Hot or Cold Weather	<input type="checkbox"/> Water breaks <input type="checkbox"/> Rest breaks <input type="checkbox"/> Shade <input type="checkbox"/> Worker rotation <input type="checkbox"/> Layered clothing	<input type="checkbox"/> Select	
<input type="checkbox"/>	Severe Weather	<input type="checkbox"/> Frequent weather forecast checks <input type="checkbox"/> Stop work if high winds, storms, lightning	<input type="checkbox"/> Select	
<input type="checkbox"/>	Environmental (air/waste/water)	<input type="checkbox"/> Spill prevention <input type="checkbox"/> Sanitary drains covered <input type="checkbox"/> Stormwater runoff barriers <input type="checkbox"/> Hazardous waste containers coordinated with Jlab Environmental	<input type="checkbox"/> Select	
<input type="checkbox"/>	Adjacent Work Hazards	<input type="checkbox"/> Barricades <input type="checkbox"/> Identify workers adjacent, above or below <input type="checkbox"/> Coordinated with adjacent supervisor, foreman, customer, operator	<input type="checkbox"/> Select	
<input type="checkbox"/>	Pinch Points	<input type="checkbox"/> Guards <input type="checkbox"/> Hands/face/body/feet kept clear of line-of-fire <input type="checkbox"/> Cover sharp edges	<input type="checkbox"/> Select	
<input type="checkbox"/>	Entering Barricaded Area	<input type="checkbox"/> Barricade (SIGN explaining purpose of barricade required for all barricades)	<input type="checkbox"/> Select	
<input type="checkbox"/>	Noisy Portable Equipment	<input type="checkbox"/> If >85 decibels, "Hearing PPE Required" signs posted <input type="checkbox"/> Dual PPE if > 100 dBA	<input type="checkbox"/> Select	
<input type="checkbox"/>	Chemical Use (IH approval)	<input type="checkbox"/> Reviewed SDS <input type="checkbox"/> Exposure air monitoring <input type="checkbox"/> Containers labeled <input type="checkbox"/> Ventilation <input type="checkbox"/> Containers large enough & compatible to chemical <input type="checkbox"/> Spill containment	<input type="checkbox"/> Select	<input type="checkbox"/> PRCS
<input type="checkbox"/>	Silica Dust (IH approval)	<input type="checkbox"/> Cut/drill/grind concrete & brick manually without power tools <input type="checkbox"/> Wet methods <input type="checkbox"/> Power tools use HEPA vacuum or water spray <input type="checkbox"/> Barricades <input type="checkbox"/> IH approval	<input type="checkbox"/> Select	
<input type="checkbox"/>	Oxygen Deficiency Hazard (ODH Areas 0/1/2/3/4)	<input type="checkbox"/> Prevent escape of compressed gasses or fire suppression chemicals <input type="checkbox"/> Buddy system for ODH 1,2,3, or 4 areas <input type="checkbox"/> Respirator for ODH 2,3, or 4 areas	<input type="checkbox"/> Select	
<input type="checkbox"/>	Cryogenic	<input type="checkbox"/> Identify work with helium, nitrogen, argon, hydrogen, oxygen gasses	<input type="checkbox"/> Select	
<input type="checkbox"/>	Asbestos, Lead, Beryllium	<input type="checkbox"/> Industrial Hygiene approval if disturbing (cut, drill, grind, remove) <input type="checkbox"/> VA License	<input type="checkbox"/> Select	
<input type="checkbox"/>	Non-Ionizing Radiation	<input type="checkbox"/> Industrial Hygiene approval for work with either lasers, magnetic fields, or RF	<input type="checkbox"/> Select	
<input type="checkbox"/>	Drill/Cut in (RCA) Ionizing Radiation Controlled Areas	<input type="checkbox"/> RadCon approval <input type="checkbox"/> Dosimeter <input type="checkbox"/> SRPD Dosimeter <input type="checkbox"/> Barricades	<input type="checkbox"/> Select	<input type="checkbox"/> RWP
<input type="checkbox"/>	Respirator Use	<input type="checkbox"/> Industrial Hygiene approval of work plan	<input type="checkbox"/> Select	
<input type="checkbox"/>	Body Harness / Lanyard Use	<input type="checkbox"/> TR approval of subcontractor work plan <input type="checkbox"/> Supervisor approval of FML work plan	<input type="checkbox"/> Select	<input type="checkbox"/> FALL

PERMITS

Activity Hazard Analysis

PRCS (Permit-Required Confined Space) / **LIFT** (Critical Lift) / **HW** (Hot Work Non-Electrical) / **LASER** (Laser) / **PENETRATION**
EEWP (Energized Electrical) / **FALL** (Fall Protection) / **RWP** (Radiation Work) / **DIG** (Digging, Excavation, Trenching) / **ASBESTOS** / **LEAD**

PPE to Select (* = Always Required)

General PPE <input type="checkbox"/> *Hard Hat <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Double Hearing Protection <input type="checkbox"/> Hi-vis Vest, Jacket or Shirt <input type="checkbox"/> *Long Pants	Eyes & Face <input type="checkbox"/> *Safety Glasses <input type="checkbox"/> Face Shield <input type="checkbox"/> Chemical/Dust/Burning Goggles <input type="checkbox"/> Welding Hood	Hands <input type="checkbox"/> Cut Resistant Gloves <input type="checkbox"/> Welders Leather Gloves <input type="checkbox"/> Chemical Compatible Gloves <input type="checkbox"/> Surgical Gloves <input type="checkbox"/> Arm Sleeves	Fall Protection <input type="checkbox"/> Full Body Harness <input type="checkbox"/> Lanyard or Self-Retracting Lanyard <input type="checkbox"/> Anchorage Connector <input type="checkbox"/> Horizontal Life Line System <input type="checkbox"/> Stanchions & Flags
Respiratory <input type="checkbox"/> Dust Mask <input type="checkbox"/> Air Purifying (½, full, PAPR) <input type="checkbox"/> Air Supplied (SCBA or Airline) <input type="checkbox"/> Emergency Escape	Feet <input type="checkbox"/> *Safety Toe Shoes <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Metatarsal Protection	Special Clothing <input type="checkbox"/> Tyvek Coveralls <input type="checkbox"/> Fire Retardant Clothing <input type="checkbox"/> Chemical Apron	Arc Flash <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4

Form Date 08/16/22

Activity Hazard Analysis

Tracking/Submittal Number	Project	Company Name	
Task Description		Competent Person / SSHR Assigned	
		Phone:	

Created By	Date	TR/CM Approval	Date

Required Permits and Plans				
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Dig/Blind Penetration	<input type="checkbox"/> Lift Plan	<input type="checkbox"/> Outage

Required Jlab Training All workers: SAF100C or SAF100S SSHR & Alternate: SAF199 Additional Jlab Training (list):	Alternative Competent Person / SSHR <div style="height: 60px;"></div>
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Step	Description	Hazard	Control Measures
1	Pre-Job Briefing (PJB)	None	Conduct a PJB with the TR/CM before the job begins.
2	Toolbox Talk	None	Before each work shift, conduct a toolbox talk with all involved employees. Discuss the task(s) to be performed for the work shift and any associated hazards.

Activity Hazard Analysis

Tracking/Submittal Number	Project	Company Name	
Task Description		Competent Person / SSHR Assigned	
		Phone:	

Task Specific Training and/or Certifications Required			
Step(s)	Required Training/Certification	Step(s)	Required Training/Certification

Activity Hazard Analysis

Tracking/Submittal Number	Project	Company Name	
Task Description		Competent Person / SSHR Assigned	
		Phone:	

Signature Sheet

I have been briefed on the hazards and control measures that are in place for this task. I also acknowledge that if conditions change or new hazards are discovered, I shall stop, place the work in a safe condition, and contact the Competent Person / SSHR.

Print Name	Signature	Date