Job Hazard Analysis Form

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| --- | --- | --- | --- | --- | --- |
| **PROCEDURES/PERMITS REQUIRED** | **YES** | **NO** | **PROTECTIVE EQUIPMENT REQUIRED** | **YES** | **NO** |
| Hot Work |  |  | Fall Protection |  |  |
| Confined Space Entry |  |  | Eye / Face |  |  |
| Excavation |  |  | Respiratory |  |  |
| Lock Out / Tag Out |  |  | Foot / Toe |  |  |
| Critical Lift Plan |  |  | Hand |  |  |
| Close Proximity |  |  | Hearing |  |  |
| Traffic Control / Barricades |  |  | Vest / Reflective Clothing |  |  |
| Spotter Required |  |  | Head Protection |  |  |
| General Permit |  |  | Other |  |  |
| Fall Protection Plan |  |  |  |  |  |
| Other |  |  | Other |  |  |

| **STEP / WORK ACTIVITY** | **POTENTIAL HAZARD(S)** | **CONTROL MEASURES** |
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