

<b>DNC Parks &amp; Resorts at KSC, Inc.</b>	<b>Program</b>	Number EHS - 009
		Ver / Date; Revision A 4/26/18
Title: Job Hazard Analysis		Page: 11 of 20
		Owner: EHS
		Unrestricted



Figure 1

## Job Hazard Analysis Form (Rev 3-03-15)

Task Description: \_\_\_\_\_

Location: \_\_\_\_\_ Department/s: \_\_\_\_\_

JHA Development Team: \_\_\_\_\_

Date JHA Completed: \_\_\_\_\_ Revision: \_\_\_\_\_

### ACTIVITY

**1. Activity- Identify all activities required to perform that job (Check all that apply)**

- |   |   |  |   |                |
|---|---|--|---|----------------|
| <input type="checkbox"/> Assembly             | <input type="checkbox"/> Digging/excavation     | <input type="checkbox"/> Lifting (manual)      | <input type="checkbox"/> Pumping            | Forklift _____ |
| <input type="checkbox"/> Overhead work        | <input type="checkbox"/> Disassembly/demolition | <input type="checkbox"/> Lifting (mechanical)  | <input type="checkbox"/> Repair             | Other _____    |
| <input type="checkbox"/> Chiseling            | <input type="checkbox"/> Drilling               | <input type="checkbox"/> Loading               | <input type="checkbox"/> Servicing          | _____          |
| <input type="checkbox"/> Cleaning             | <input type="checkbox"/> Electrical             | <input type="checkbox"/> Management of traffic | <input type="checkbox"/> Spraying           | _____          |
| <input type="checkbox"/> Climbing/crawling    | <input type="checkbox"/> Grinding/sanding       | <input type="checkbox"/> Painting              | <input type="checkbox"/> Troubleshooting    | _____          |
| <input type="checkbox"/> Cutting              | <input type="checkbox"/> Hammering/prying       | <input type="checkbox"/> Power Actuated Tools  | <input type="checkbox"/> Venting            | _____          |
| <input type="checkbox"/> Confined space entry | <input type="checkbox"/> Hot work/welding       | <input type="checkbox"/> Pressurizing          | <input type="checkbox"/> Working at heights | _____          |

### HAZARD IDENTIFICATION

**2. Hazard/Source – Identify all potential safety/health hazards (Check all that apply)**

- |  |  |   |   |             |
|--|--|---|---|-------------|
| <input type="checkbox"/> Chemical                  | <input type="checkbox"/> Ergonomics          | <input type="checkbox"/> High Pressure (gas)    | <input type="checkbox"/> Lmt'd. movement      | Other _____ |
| <input type="checkbox"/> Biological                | <input type="checkbox"/> Lacerations/cuts    | <input type="checkbox"/> Leak, spill or release | <input type="checkbox"/> Impact               | _____       |
| <input type="checkbox"/> Light (optical radiation) | <input type="checkbox"/> Explosion           | <input type="checkbox"/> Mechanical actions     | <input type="checkbox"/> Heat/cold            | _____       |
| <input type="checkbox"/> Electrical                | <input type="checkbox"/> Slip, trip, fall    | <input type="checkbox"/> Noise                  | <input type="checkbox"/> Unapproved dig site  | _____       |
| <input type="checkbox"/> Exposure                  | <input type="checkbox"/> Fire/heat/flammable | <input type="checkbox"/> Protrusion/penetration | <input type="checkbox"/> Visibility           | _____       |
| <input type="checkbox"/> Hazardous atmosphere      | <input type="checkbox"/> Strain/sprain       | <input type="checkbox"/> Weather                | <input type="checkbox"/> Wildlife             | _____       |
| <input type="checkbox"/> Compression/rollover      | <input type="checkbox"/> Traffic             | <input type="checkbox"/> Dropped equipment      | <input type="checkbox"/> Flying debris/Splash | _____       |

### HAZARD CONTROLS

**3. Engineering Controls (Check all that apply)**

- |  |   |   |             |
|--|---|---|-------------|
| <input type="checkbox"/> Barricade     | <input type="checkbox"/> GFCI           | <input type="checkbox"/> Machine guard          | Other _____ |
| <input type="checkbox"/> Barrier       | <input type="checkbox"/> Guardrail      | <input type="checkbox"/> Non-sparking tools     | _____       |
| <input type="checkbox"/> Blast Shield  | <input type="checkbox"/> Interlock      | <input type="checkbox"/> Scaffolding            | _____       |
| <input type="checkbox"/> Electrical    | <input type="checkbox"/> Welding helmet | <input type="checkbox"/> Ventilation (exhaust)  | _____       |
| <input type="checkbox"/> Encapsulation | <input type="checkbox"/> Lighting       | <input type="checkbox"/> Ventilation (supplied) | _____       |
| <input type="checkbox"/> Enclosure     | <input type="checkbox"/> LOTO           | <input type="checkbox"/> Wet methods            | _____       |

**4. Administrative Controls (Check all that apply)**

- |   |  |   |  |             |
|---|--|---|--|-------------|
| <input type="checkbox"/> Buddy System           | <input type="checkbox"/> Excavation plan/permit  | <input type="checkbox"/> SDS              | <input type="checkbox"/> Traffic control   | Other _____ |
| <input type="checkbox"/> Confined Space Permit  | <input type="checkbox"/> Exposure duration       | <input type="checkbox"/> Safety monitor   | <input type="checkbox"/> Usage monitoring  | _____       |
| <input type="checkbox"/> Controlled area        | <input type="checkbox"/> Fall protection plan    | <input type="checkbox"/> Schedule         | <input type="checkbox"/> Utility locate    | _____       |
| <input type="checkbox"/> Critical lift plan     | <input type="checkbox"/> Training/Certifications | <input type="checkbox"/> Signs            | <input type="checkbox"/> Wash hands/face   | _____       |
| <input type="checkbox"/> Electrical work permit | <input type="checkbox"/> Hot work permit         | <input type="checkbox"/> Special Training | <input type="checkbox"/> Written procedure | _____       |
| <input type="checkbox"/> Weather advisories     | <input type="checkbox"/> Tool/equipment tether   |   |  |             |

*Printed version is uncontrolled. Controlled version only exists in the electronic document database.  
S:\ALLDEPT\Safety Programs and TIME OUT Policy\EHS-009 Job Hazard Analysis Program (4-26-18).docx*

*Document approval maintained electronically*

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**5. Personal Protective Equipment (Check all that apply)**

- |  |  |   |  |   |
|--|--|---|--|---|
| <p><b><u>Gloves</u></b></p> <input type="checkbox"/> Chemical<br><input type="checkbox"/> Cloth<br><input type="checkbox"/> Cut resistant<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Latex<br><input type="checkbox"/> Leather<br><input type="checkbox"/> Thermal<br><input type="checkbox"/> Welding | <p><b><u>Eye &amp; Face</u></b></p> <input type="checkbox"/> Safety goggles<br><input type="checkbox"/> Face shield<br><input type="checkbox"/> Safety glasses<br><input type="checkbox"/> Welding helmet                                    | <p><b><u>Hearing</u></b></p> <input type="checkbox"/> Ear muffs<br><input type="checkbox"/> Ear plugs     | <p><b><u>Respiratory</u></b></p> <input type="checkbox"/> Nuisance dust<br><input type="checkbox"/> N95 particulate<br><input type="checkbox"/> Air purifying<br><input type="checkbox"/> Airline<br><input type="checkbox"/> SCBA<br><input type="checkbox"/> Blasting helmet | <p><b><u>Head</u></b></p> <input type="checkbox"/> Hard hat type 1<br><input type="checkbox"/> Hard hat type 2<br><input type="checkbox"/> Hard hat Class E |
| <p><b><u>Leg/Foot</u></b></p> <input type="checkbox"/> Knee pads<br><input type="checkbox"/> Shin guards<br><input type="checkbox"/> Safety Shoes  | <p><b><u>Clothing</u></b></p> <input type="checkbox"/> Apron<br><input type="checkbox"/> Fire resistant<br><input type="checkbox"/> Rain suit<br><input type="checkbox"/> High visibility safety vest<br><input type="checkbox"/> Tyvek suit | <p><b><u>Fall Protection</u></b></p> <input type="checkbox"/> Harness<br><input type="checkbox"/> Lanyard | <p><b><u>Other</u></b></p> <hr/> <hr/> <hr/> <hr/>   |   |

**6. Environmental (Check all that apply)**

- |  |   |  |             |
|--|---|--|-------------|
| <input type="checkbox"/> Chemical usage*       | <input type="checkbox"/> Waste generation         | <input type="checkbox"/> Scrap metal           | Other _____ |
| <input type="checkbox"/> Soil disturbance      | <input type="checkbox"/> Waste water generation   | <input type="checkbox"/> Wildlife relocation   | _____       |
| <input type="checkbox"/> Asbestos removal      | <input type="checkbox"/> Portable generator usage | <input type="checkbox"/> Burning               | _____       |
| <input type="checkbox"/> Cable removal         | <input type="checkbox"/> Air emissions            | <input type="checkbox"/> Paint/coating removal | _____       |
| <input type="checkbox"/> Light/ballast removal | <input type="checkbox"/> Construction debris      | <input type="checkbox"/> Trenches              |             |
| <input type="checkbox"/> Sumps/sewers          | <input type="checkbox"/> Transformers             |  |             |

**Environmental Checklist (KSC Form 21-608 V2 NS) submitted**      \*  **SDSs submitted**

**7. Safety Equipment (Check all that apply)**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Air monitoring           | <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> Traffic cones | <input type="checkbox"/> Portable radio |
| <input type="checkbox"/> Emergency shower/eyewash | Other _____                                |  |   |

**8. Communication (Method used to relay hazards to workers)**

- |  |  |             |
|--|--|-------------|
| <input type="checkbox"/> Pre-task briefing | <input type="checkbox"/> Notify department manager/requestor | Other _____ |
|--|--|-------------|

**9. Comments:**