

Jobsite Hazard Analysis

I am accountable for my safety and the safety of my coworkers
Focus. Assess. Safe Choice. Speak up.



| | | | | | |
|----------------------------------|--|-------|--|-----------|--|
| Location / Dept: | | Task: | | | |
| Names of People Performing Task: | | | | | |
| Supervisor(s): | | | | | |
| Analysis By: | | Date: | | Revision: | |
| Approved By: | | Date: | | Revision: | |

| Principal Task Steps | Known or Potential Hazards | Controls (Preventative or Corrective Action) |
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| Training Requirements | Minimum Required Personal Protective Equipment |
|--|---|
| Minimum: All QE1 required basic employee safety training Anyone performing this task, must be trained on these JHA provisions Additional: Ladder training Hilti Certification Lift Certification Harness Training | Hard Hats, Safety Glasses, High Visibility Clothing (Vest), Work Boots and Cut Resistant Gloves. Covid – 19: Face Mask If working closer than 6’ a face shield and gloves will be in addition to the face mask required. While in panels the arc flash helmet will be sufficient to prevent the spread of Covid and the face mask can be taken off and then replaced as soon as the work has finished per Micron specifications. Cleaning will be done after each use. |
| Equipment to Be Used: | Inspection Requirements |
| | |
| Check Items Required to do this Job: | |

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Safety Glasses | <input type="checkbox"/> Face Shield | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Atmospheric Testing |
| <input checked="" type="checkbox"/> Hard Hats | <input checked="" type="checkbox"/> Work Vest | <input type="checkbox"/> Goggles (Type) | <input type="checkbox"/> Lockout / Tagout |
| <input checked="" type="checkbox"/> Safety Shoes | <input type="checkbox"/> Personal Fall Arrest Systems | <input type="checkbox"/> Flame Resistant Clothing | <input type="checkbox"/> Warning Signs |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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