AIRDE Rope Access Specialists

JOB HAZARD ANALYSIS (JHA)

MSF-003

SECTION 1: JOB DETAILS

Ref/Job No.:	Date:	Time:	Permit Required? ☐ Yes ☐ No	Type of Permit: (If Required) ☐ Hot Work ☐ Safe to Work ☐ Isolation ☐ Other:
Client:	Site:	Location:	Permit No.:	Work Order No.:
Job Description:				

SECTION 2A: INCIDENT MANAGEMENT

Site First Aid: ☐ Yes ☐ No	Location of Site First Aid:	Safety Shower: ☐ Yes ☐ No	Location of Safety Shower:
Eye Wash Station: ☐ Yes ☐ No	Location of Eye Wash Station:	Fire Extinguisher: ☐ Yes ☐ No	Location of Fire Extinguisher:
MSDS Reviewed: ☐ Yes ☐ No	Location of MSDS:	Other Items:	Location of Other Items:
Emergency Meeting Point:		Muster Location:	

SECTION 2B: EMERGENCY CONTACTS

Supervisor:

Other: (Supervisor Alternate)

Site Emergency:

Site Contact:

SECTION 3: CHECKS

Equipment Acceptable for Use:

Tool Condition: ☐ Yes ☐ No
Equipment Condition: ☐ Yes ☐ No
PPE Condition: ☐ Yes ☐ No
Items Quarantined: ☐ Yes ☐ No
Crane Equipment: ☐ Yes ☐ No
Hoisting Equipment: ☐ Yes ☐ No
Scaffolding: (Tag/Date)

Additional/Specialized PPE Required:

Special Gloves: ☐ Yes ☐ No
Respiratory Protection: ☐ Yes ☐ No
☐ Half ☐ Full – Type:
Disposable Clothing: ☐ Yes ☐ No
Other:

Other Considerations:

Exclusion Zones to be Equal to Height of Work Position: ☐ Yes ☐ No – Why:
Barricades and Signs (i.e. Red Flagging, Overhead Work, etc.): ☐ Yes ☐ No – Why:
Hole Coverings Identified: ☐ Yes ☐ No – Why:
Use of Safety Net: ☐ Yes ☐ No – Why:
Standby Person Required: ☐ Yes ☐ No – Why:
Underlying Obstructions: ☐ Yes ☐ No (*If Yes, Oversized Exclusion Zone Required*)
High Wind Speeds: ☐ Yes ☐ No (*If Yes, Oversized Exclusion Zone Required*)

SECTION 4: FIELD LEVEL ASSESSMENT

	Hazard	Control Measures
☑	Fall from Height	Always use appropriate fall-protection or rope-access equipment when 6 feet from unprotected edge with a fall potential of 6' or more All personnel must be properly trained.
	Human Error	Use 2-rope system when working line is primary means of support. Use independent anchorages. Always do 4-point check: Ropes (including anchors), Hardware, Harness, Helmet.
	Communication	Use standardized communication signals. Check communication system. Designate alternate communication system. Review hand signals (as appropriate).
	Machinery	Get appropriate clearances. Follow lock-out/tag-out procedure. Confirm lock-out/tag-out.
	Tools	Follow manufacturer's instructions and keep all protective guards in place. Separate suspension rope may be required for tools greater than 10 kg.
	Rain / Wet Conditions	Stop work if conditions become dangerous. Wear proper footwear and clothing. Be aware of slippery conditions Electrical equipment must be adequately grounded and equipped with GFCI's.
	Dropped Objects	Clearly mark and barricade Hazard Zone. Helmets or hard hats must be worn in Hazard Zone. Keep a clean and orderly worksite. All tools and devices must be tethered or secured. Avoid working or standing below other workers.

SECTION 4: FIELD LEVEL ASSESSMENT (CONTINUED)		
	Confined Space Entry	Follow confined space procedures per *AIRDE QMS Procedures Manual*. Toxic rescue plan required and in force prior to entry.
	Lightning	Stop work when lightning threatens. Refer to *AIRDE QMS Procedures Manual*.
	Awkward Body Positioning	Warm up exercises may be required. Assure technician and rescuer are fit for work. Take breaks as req'd.
	Poor Lighting	Provide adequate lighting: area lighting and/or head- and hand-lamps. Provide spare batteries, light sources, and bulbs.
	Bird / Animal Feces	Workers may need to wear protective gloves or respirators.
	Sharp Edges / Hot Surfaces	Use proper edge protection and padding. Use re-direct or intermediate anchors as needed. Wear proper clothing.
	Chemical Exposure	Have SDS on site for all chemicals used in work. Proper PPE and engineering controls. Respirators must be the correct type for the exposure.
	High-Noise Area	Hearing protection required, in loud environments (+85 dBA), multiple types of protection may be necessary (+110dBA). Agree on hand signals before work starts.

SECTION 6: RESCUE PLANNING *(PLEASE NOTE IF ADDITIONAL PAGES / SKETCHES ARE ATTACHED)*	
Work Area Reference	**Rescue Plan**

Please print and sign below to acknowledge understanding of tasks, hazards and controls. (Includes all members of crew)

Crew Name & Signature(s)			Other Relevant Signature(s)
Site Supervisor Signature (Approval):	**Ops Manager Signature (Review):**		

SECTION 6: JOB COMPLETION		
All Permits Closed Out: ☐ Yes ☐ No	Are any Hazards Remaining: ☐ Yes ☐ No	If Hazards Remain, Explain:
Area Cleaned at Job / Shift End: ☐ Yes ☐ No	Any Incidents / Injuries: ☐ Yes ☐ No	If Yes to Incidents / Injuries, Explain:

SECTION 7: 24-HOUR EMERGENCY CONTACT LIST		
Terry Steeves	Managing Director	**702-265-2245**
Krista Waddell	Director of Operations	**702-496-8382**
Tyler Barrett-Fox	Project Manager	**541-515-8483**