

## SECTION A: JHA DESCRIPTION

<b>Job Task / Activity:</b> _____	<b>UW Job Title:</b> _____
<b>Summary of Task:</b> _____	<b>Avg Hours/Day:</b> _____
<b>Department:</b> _____	<b>JHA#:</b> _____
<b>Date of Assessment:</b> _____	<b>Loss Potential Rating (High, Med, Low):</b> _____
<b>Assessed by:</b> _____	
<b>Review date:</b> _____	

## SECTION B: HAZARD IDENTIFICATION AND EVALUATION

✓	Hazards	Description of Hazard / Risk Scenario(s)	Controls (Section C)	Loss Potential (Section D)
<b>Physical Hazards</b>				
<input type="checkbox"/>	Slips / trips / falls			
<input type="checkbox"/>	Fall from heights (>3m)			
<input type="checkbox"/>	Struck by/against/collision			
<input type="checkbox"/>	Entangled/pinched/caught/crushed			
<input type="checkbox"/>	Sharps / cuts / punctures /abrasions			
<input type="checkbox"/>	Heat / cold / weather / environment			
<input type="checkbox"/>	Noise (have to raise voice to talk)			
<input type="checkbox"/>	Vibration			
<input type="checkbox"/>	Confined space (as designated)			
<input type="checkbox"/>	Electrical hazard (arc flash/high voltage, etc.)			
<input type="checkbox"/>	Pressurized system/compressed gas			
<input type="checkbox"/>	Burns			
<input type="checkbox"/>	Foreign Body			
<input type="checkbox"/>	Overhead hazards			
<input type="checkbox"/>	Obstruction(s)			
<input type="checkbox"/>	Lasers – burn hazard/ eye damage			
<b>Chemical / Biological / Radioactive/ plant and animal hazards</b>				
<input type="checkbox"/>	Chemical / Hazardous Material			
<input type="checkbox"/>	Fire / Explosion / Flammable			
<input type="checkbox"/>	Activities that generate dusts/ fumes/ vapours			
<input type="checkbox"/>	Biohazardous/ Infectious (human pathogen or toxin, biological waste)			
<input type="checkbox"/>	Radiation (UV, Ultraviolet, Visible, IR Infrared, x-ray)			
<input type="checkbox"/>	Asbestos			
<input type="checkbox"/>	Other Designated Substances			
<input type="checkbox"/>	Insect / animal bites/stings scratches			
<input type="checkbox"/>	Environmental Hazards (mold, plants, dust)			
<b>Human/ Situational factor hazards</b>				
<input type="checkbox"/>	Ergonomic: high force, manual lifting carrying/pushing/pulling, repetitive task/ awkward postures or movements, extremes in range of motion.			
<input type="checkbox"/>	Fatigue (Overnight / shift work, etc.)			
<input type="checkbox"/>	Poor visibility (lighting, sight lines)			
<input type="checkbox"/>	Working Alone			
<input type="checkbox"/>	Operation of motor vehicle/mobile equipment			
<input type="checkbox"/>	Access/ingress/egress limited			
<input type="checkbox"/>	Work offsite /Remote locations			
<input type="checkbox"/>	Workplace violence / harassment	*Reference Section E for Risk Assessment*		
<b>Other hazards:</b>				
<input type="checkbox"/>				

## SECTION C: EXAMPLES OF CURRENT CONTROLS

1 Engineering Controls	2 Administrative Controls	3 Personal Protective Equipment	4 Emergency / Life Safety Equipment Equipment/Systems (fire extinguishers, emergency eye washes, deluge showers, first aid kits, fire blankets, spill kits or sorbents etc.)
a. Ventilation / local exhaust	a. Maintenance schedule / logs	a. Eye Protection (safety glasses/goggles)	
b. Circuit protection	b. Maintenance by contractor	b. Hand Protection (gloves)	
c. Guarding/enclosure	c. Scheduled at less hazardous time	c. Foot Protection (safety boots/shoes)	
d. Lock out	d. Time exposure is limited	d. Face protection (face shield)	
e. Interlocks	e. Rotating schedule	e. Head Protection (helmet/hard hat)	
f. Ergonomic design	f. Signage	f. Respiratory Protection (respirator, mask)	
g. Isolation	g. Existing procedures / training	g. Hearing protection (plugs, muffs)	
h. Process control methods	h. Required buddy system	h. Fall Protection (harness/lanyard)	
i Vehicle safety devices (back up camera, reverse warning signal)	i Communication Device (radio or person-down, phones, call boxes to summon immediate assistance)	i Protective clothing (apron, lab coat, reflective)	
j. Controlled access area (FOB or limited key access)	j. Supervision / monitoring in place	j. Skin protection (sunscreen, barrier cream)	
k. Security system/ surveillance or monitoring of area	k. Housekeeping/ grounds keeping (scheduled to maintain clean and hazard free areas/access)		
	l. Health screening/ testing		
	m. Inventory / Scheduled inspections		
			5 Other:

## SECTION D: CLASSIFICATION OF LOSS POTENTIAL RATING

Critical	B2	A2	A1	High A1, A2, A3
Serious	C1	B1	A3	Med B1, B2, B3
Minor	C3	C2	B3	Low C1, C2, C3
Consequence Likelihood	Unlikely/ Rare	Likely	Almost certain	Loss Potential

### Definitions:

Consequence	Explanation	Likelihood	Explanation
Critical	Hazards/risks that have the potential to cause death, critical injury, or loss of facility.	Almost certain	Given the controls in place, the specific hazard is expected to occur as part of the normal work routine/ activities.
Serious	Hazards/risks that have the potential to cause moderate property damage, injuries that result in off-site medical assistance, or lost time days.	Likely	Given the controls in place, the specific hazard is expected to occur occasionally as part of work activities.
Minor	Hazards/risks that have the potential to cause minor property damage or injuries that require on-site first aid treatment	Unlikely / Rare	Given the controls in place, the specific hazard is expected to occur only under exceptional circumstances or not at all. (ie. less than 1x/year)

## SECTION E: WORKPLACE VIOLENCE AND HARASSMENT

Do job duties / activities include any of the following types of work? ☐ YES ☐ NO (check all that apply):

- ☐ Working alone or in isolation
 ☐ Public/other events not assessed for risk
 ☐ Dealing with unstable/volatile individuals  
☐ Travel to remote /hazardous locations
 ☐ Patrolling/providing protective services
 ☐ Transporting people and/or goods  
☐ Providing services directly to public
 ☐ Handling cash/valuables incl. narcotics/controlled substances  
☐ Dealing with sensitive personal matters / Making decisions which impact academic or employment status

**\*For each factor selected, the corresponding Workplace Violence Risk Assessment(s) will need to be completed and attached to this form. Risk assessments can be downloaded at [www.uwindsor.ca/safety/workplace-violence-risk-assessments](http://www.uwindsor.ca/safety/workplace-violence-risk-assessments).**

## SECTION F: ADDITIONAL OPPORTUNITIES FOR THE CONTROL OF HAZARDS

1. Elimination considered but no viable option <input type="checkbox"/>	2. Substitution considered but no viable option <input type="checkbox"/>
3. List any additional control measures identified/recommended for hazards:	

**SECTION G: TRAINING DOCUMENTS AND RELEVANT INFORMATION**

<b>Relevant Information / Documentation</b>	<b>Reference Information</b> (e.g. location, document number, etc.)
Training Required for this task / activity, including Safe Operating Procedures	
Safety Data Sheets	
Safety manual	
Other, please specify:	
<b>Additional Notes:</b>	

\*Please forward the completed form to the Health & Safety office\*