**SECTION A:**  **JHA DESCRIPTION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Task / Activity:** | |  | | **UW Job Title:** | |  | | | | | |
| **Department:** |  | | | | **Date of Evaluation:** | | |  | | | |
| **Summary of Task:** | |  | | | | | | **Avg Hours/Day:** | | |  |
| **Evaluated by:** |  | | **Loss Potential Rating (High, Med, Low):** | | | |  | | **JHA#:** |  | |

**SECTION B:**  **HAZARD IDENTIFICATION AND EVALUATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **🗸** | **Hazards** | **Description of Hazard** | **Controls (Section C)** | **Loss Potential (Section D)** |
| **Physical Hazards** | |  |  |  |
|  | Slips / trips / falls |  |  |  |
|  | Fall from heights (>3m) |  |  |  |
|  | Struck by/against/collision |  |  |  |
|  | Entangled/pinched/caught/crushed |  |  |  |
|  | Sharps / cuts / punctures /abrasions |  |  |  |
|  | Heat / cold / weather / environment |  |  |  |
|  | Noise (have to raise voice to talk) |  |  |  |
|  | Vibration |  |  |  |
|  | Confined space (as designated) |  |  |  |
|  | Electrical hazard |  |  |  |
|  | Pressurized system/compressed gas |  |  |  |
|  | Burns |  |  |  |
|  | Foreign Body |  |  |  |
|  | Insect bites / stings |  |  |  |
|  | Obstruction(s) |  |  |  |
| **Chemical / Biological / Radioactive hazards** | |  |  |  |
|  | Chemical / Hazardous Material |  |  |  |
|  | Fire / Explosion / Flammable |  |  |  |
|  | Dusts/ Fumes/ Vapours |  |  |  |
|  | Biohazardous Material |  |  |  |
|  | Radiation |  |  |  |
|  | Asbestos |  |  |  |
| **Human factor hazards** | |  |  |  |
|  | Strain/sprain: Repetitive task |  |  |  |
|  | Strain/sprain: Awkward posture |  |  |  |
|  | Strain/sprain: Manual lifting/ carrying/pushing/pulling |  |  |  |
|  | Overnight / shift work |  |  |  |
|  | Poor visibility |  |  |  |
|  | Working Alone |  |  |  |
|  | Driving |  |  |  |
|  | Workplace violence / harassment | \*Reference Section E for Risk Assessment\* | |  |
| **Other hazards:** | |  |  |  |
|  |  |  |  |  |

**SECTION C: EXAMPLES OF CURRENT CONTROLS**

|  |  |  |  |
| --- | --- | --- | --- |
| **1 Engineering Controls** | **2 Administrative Controls** | **3 Personal Protective Equipment** |  |
| a Ventilation / local exhaust | a Maintenance schedule / logs | a Eye Protection (safety glasses/goggles) | i Protective clothing (apron, lab coat, reflective) |
| b Circuit protection | b Maintenance by contractor | b Hand Protection (gloves) | j Vehicle restraint (seatbelt) |
| c Guarding/enclosure | c Scheduled at less hazardous time | c Foot Protection (safety boots/shoes) | k Skin protection (sunscreen, barrier cream) |
| d Lock out | d Time exposure is limited | d Face protection (face shield) | l Communication Device (radio or man-down) |
| e Interlocks | e Rotating schedule | e Head Protection (helmet/hard hat) | **4 Emergency Equipment** (eyewash, |
| f Ergonomic design | f Signage | f Respiratory Protection (respirator, mask) | shower, spill kit, fire extinguishers, etc. ) |
| g Isolation | g Existing procedures / training | g Hearing protection (plugs, muffs) | **5 Other:** |
| h Process control methods | h Required buddy system | h Fall Protection (harness/lanyard) |  |

**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** |
| **Consquence**  **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.**

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

|  |  |
| --- | --- |
| 1. **Elimination** considered but no viable option | 1. **Substitution** considered but no viable option |
| 1. **List** any additional control measures identified/recommended for hazards: | |

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

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

**SECTION H: EVALUATION**

|  |  |  |
| --- | --- | --- |
| **JHA Completed by Manager / supervisor or equivalent:** | | |
| Name | Position | Date |
| **JHA Completed by Worker:** | | |
| Name | Position | Date |

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