



# JOB HAZARD ANALYSIS

Company Name: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Location of Job: \_\_\_\_\_  
 Track #: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Length of Job: \_\_\_\_\_  
 Weather Forecast: \_\_\_\_\_  
 # of Employees Onsite: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Excavation Operation?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe Control in Attachment
PileDriving Operation?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe Pile Operation in Attachment
Saw-Cutting Operation?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe Slurry Protection in Attachment
Welding or Grinding Operation?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe Fire Protection in Attachment
Workers at Elevated Heights?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe Fall Protection in Attachment
Will Chemicals Be Used?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Submit MSDS in Attachment
Will Water be Required?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Confirm Source in Attachment
Any Metro Equipment Required?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Request Support in Attachment
Have Employees Received Tier Training?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe what Tier in Attachment
Is Work Within 10ft. of Catenary?	<input type="checkbox"/> N	<input type="checkbox"/> Y	OCS Power Down Required
Will Passengers/Public be Impacted?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe Protection in Attachment
Self Flagging or Metro Flagger?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Describe in Attachment
Metro Systems Require Powerdown?	<input type="checkbox"/> N	<input type="checkbox"/> Y	Request Support in Attachment

List all Phases of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List Hazards Associated With Each Phase: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List All Personal Protective Equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List All Equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe Pre-Job Briefing Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Required Attachments:

- Equipment Staging Plot
- Detailed Workplan
- Worker 'Clear to' Location on Plot