

# WRPS JOB HAZARD ANALYSIS CHECKLIST

Prepared By \_\_\_\_\_ (print first and last name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Work Package:	Procedure No.:	**Standing JHA No.:
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**Work Scope/Description:**

**Specific Work Location(s):**

### Specific Hazard Analysis and Safety Work Requirements

Known and/or Potential hazards have been evaluated at the task level with applicable tasks, non-skill based controls and method of control implementation is identified below. The GHA shall be reviewed for additional skill based controls relating to the hazards identified, and implemented by the FWS and work team as applicable.

**Approvals:**

Field Work Supervisor (print/sign/date)	Industrial Safety Rep. (print/sign/date)	Other (print/sign/date)
Other (print/sign/date)	Other (print/sign/date)	Other (print/sign/date)

### Activity/Task Hazard Analysis

	Yes	No		Method*		Method*
<b>1. Chemical Use</b> If Yes, IH concurrence required List Non-GHA Chemicals MSDS/SDS# used.  <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency shower identified and available			<input type="checkbox"/> IH Sample Plan #:
			<input type="checkbox"/> Eye wash station (identified/available)			<input type="checkbox"/> Respiratory Protection Form (Site Form A-6005-593)
			<input type="checkbox"/> Portable eyewash w/drench hose (Number of units required for work activity):			<input type="checkbox"/> Dermal PPE
			<input type="checkbox"/> Chemical Boots			<input type="checkbox"/> Ventilation
			<input type="checkbox"/> Chemical Gloves			
			<input type="checkbox"/> Chemical Goggles			
			<input type="checkbox"/> Additional/Other Controls: Task:			
<b>2. Potential Contact with Tank Waste</b>  If yes, IH concurrence required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency shower identified and available			<input type="checkbox"/> Pipe / Vessel purged, drained, flushed
			<input type="checkbox"/> Portable eyewash w/drench hose (Number of units required for work activity):			<input type="checkbox"/> Pipe / Vessel breach point containment
			<input type="checkbox"/> Pipe / Vessel depressurized			<input type="checkbox"/> Chemical Gloves
			<input type="checkbox"/> Pipe / Vessel isolated			<input type="checkbox"/> Dermal PPE
			<input type="checkbox"/> Additional/Other Controls: Task:			
<b>3. Potential Contact with Process Chemicals</b>  If yes, IH concurrence required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency shower identified and available			<input type="checkbox"/> Pipe / Vessel breach point containment
			<input type="checkbox"/> Eye wash station (identified/available)			<input type="checkbox"/> Respiratory Protection Form (Site Form A-6005-593)
			<input type="checkbox"/> Portable eyewash w/drench hose (Number of units required for work activity):			<input type="checkbox"/> Pipe / Vessel purged, drained, flushed
			<input type="checkbox"/> Chemical Boots			<input type="checkbox"/> Pipe / Vessel depressurized
			<input type="checkbox"/> Chemical Gloves			<input type="checkbox"/> Pipe / Vessel isolated
			<input type="checkbox"/> Chemical Goggles			<input type="checkbox"/> Ventilation
			<input type="checkbox"/> IH Sample Plan #: <input type="checkbox"/> Additional/Other Controls:			<input type="checkbox"/> Dermal PPE

JHA completion instructions located on the JHA website.

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## WRPS JOB HAZARD ANALYSIS CHECKLIST (Continued)

<b>Work Package:</b>	<b>Procedure No.:</b>	<b>Standing JHA No.:</b>	
<input type="checkbox"/> See GHA for Skill Based Hazard Controls	Task:		
<b>Yes</b> <b>No</b>			
<b>4. Radiological</b>	<input type="checkbox"/> <input type="checkbox"/>	RAD Risk Screening and development of appropriate controls are performed in accordance with: TFC-OPS-MAINT-C-01 and TFC-ESHQ-RP-RWP-C-03	
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>5. Tank Farm Vapors</b> If yes, IH concurrence required.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tank Vapors Information Sheet (TVIS) #	<input type="checkbox"/> Respiratory Protection Form (Site Form A-6005-593)
		<input type="checkbox"/> IH Sample Plan#	<input type="checkbox"/> Similar Exposure Group
		<input type="checkbox"/> Additional/Other Controls:	
<input type="checkbox"/> See GHA for Skill Based Hazard Controls	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>6. Beryllium(BCA/BRA)</b> If yes, IH concurrence required.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Beryllium Work Permit (Site Form A-6006-202)	<input type="checkbox"/> IH Sample Plan #
		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>7. Asbestos</b> If yes, IH concurrence required.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Asbestos Work Permit (Site Form A-6003-870)	<input type="checkbox"/> IH Sample Plan #
		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>8. Lead</b> If yes, IH concurrence required.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Lead Compliance Plan	<input type="checkbox"/> IH Sample Plan #
		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>9. Electrical</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> EEWP	
		<input type="checkbox"/> EHE	
<input type="checkbox"/> See GHA for Skill Based Hazard Controls		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>10. Confined Space Hazard</b> If yes, IH concurrence required.	<input type="checkbox"/> <input type="checkbox"/>	Confined Space Hazard Identification (Site Form A-6005-724)	<input type="checkbox"/> Non-Permit Confined Space Controls:
		Confined Space Entry Permit (Site Form A-6005-717)	<input type="checkbox"/> IH Sample Plan #
		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>11. Rotating/Moving Equipment or Pinch Points</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Block parts against motion	
<input type="checkbox"/> See GHA for Skill Based Hazard Controls		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>
<b>12. Noise &gt;85 dBA</b> If yes, IH concurrence required.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Noise Barrier	<input type="checkbox"/> Hearing Protection Boundary
		<input type="checkbox"/> IH Sample Plan #	<input type="checkbox"/> Hearing Protection Specify:
		<input type="checkbox"/> Additional/Other Controls:	
	Task:		
<b>Yes</b> <b>No</b>		<b>Method*</b>	<b>Method*</b>

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## WRPS JOB HAZARD ANALYSIS CHECKLIST (Continued)

Work Package:	Procedure No.:	Standing JHA No.:
<b>13. Crane or Other Lifting Equipment Lifting and Rigging Objects</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div> <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/> Special Lift	<input type="checkbox"/> Critical Lift
	<input type="checkbox"/> Utilities Notification	<input type="checkbox"/> EU notification
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>14. Vehicular Traffic, Equipment and/or Forklift</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div> <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/> Lane Closure	<b>Method*</b>
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
	Method*	
<b>15. Elevating Work Platforms</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div> <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Cones
	<input type="checkbox"/> Fall Protection Work Permit (Site Form A-6004-286)	<input type="checkbox"/> Signs
	<input type="checkbox"/> Traffic Barricades	
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>16. Overhead Utilities</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div>	<input type="checkbox"/> De-energizing req.	<input type="checkbox"/> Insulation blankets req.
	<input type="checkbox"/> Wire watch req.	<input type="checkbox"/> Req. clearance distance
	<input type="checkbox"/> Safe work zone marked	<input type="checkbox"/> Electrical Utilities Notification
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>17. Falls/Roof Work</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div>	<input type="checkbox"/> Engineering Evaluation	<input type="checkbox"/> Fall Protection Work Permit (Site Form A-6004-286)
	<input type="checkbox"/> Fall Protection Equipment Pre-Use Inspection	
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>18. Scaffolding</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div> <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/> Fall Protection Work Permit (Site Form A-6004-286)	<b>Method*</b>
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>19. Moving/Falling Objects from Height</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div> <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/> Barricade around potential fall area	<input type="checkbox"/> Warning Signs
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>20. Excavations, Trenching, Shoring, and Soil Contamination</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div>	<input type="checkbox"/> Site Excavation Permit (Site Form A-7400-373)	<input type="checkbox"/> Ground Scans
	<input type="checkbox"/> Barricades	
	<input type="checkbox"/> Additional/Other Controls:	
	Task:	
<b>21. Underground Utilities (Line Locating)</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div>	<input type="checkbox"/> Ground Scan	<input type="checkbox"/> Voltage rated gloves
	<input type="checkbox"/> Insulated hand tools	<input type="checkbox"/> Maintain clearance distance
	<input type="checkbox"/> Safe work zone marked	<input type="checkbox"/> Site Excavation Permit (Site Form A-7400-373)
	<input type="checkbox"/> Underground Electrical Utilities	
	<input type="checkbox"/> Additional/Other Controls:	

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Work Package:	Procedure No.:	Standing JHA No.:		
Task:				
<b>Yes</b> <b>No</b>		<b>Method*</b>		
<b>22. Fire Hazard Weld, Burn, Grind, Solder.</b> If Yes, FPE and IH concurrence required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Hot Work Permit
			<input type="checkbox"/> Fire Blanket	<input type="checkbox"/> Welding Screen
			<input type="checkbox"/> IH Sample Plan #	<input type="checkbox"/> Fire Marshall Permit #
			<input type="checkbox"/> Additional/Other Controls:	
Task:				
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>23. Hazardous Energy (Air/ Steam/Fluid/Pressurized)</b>  <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depressurize	<input type="checkbox"/> Sleeving
			<input type="checkbox"/> Cool down systems	
			<input type="checkbox"/> Additional/Other Controls:	
	Task:			
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>24. Stored Energy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Barricade Work Area	<input type="checkbox"/> Remove Energy
			<input type="checkbox"/> Additional/Other Controls:	
	Task:			
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>25. Eye, Foot, Head, Hand Hazards</b>  <input type="checkbox"/> See GHA for Skill Based Hazard Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Goggles
			<input type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Heat Resistant Gloves
			<input type="checkbox"/> Additional/Other Controls:	
	Task:			
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>26. Wall Ceiling Blind Penetration</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Area Scan where penetration will take place	
			<input type="checkbox"/> Additional/Other Controls:	
	Task:			
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>27. Tank Vapor Flammable/ Explosive Hazards</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ignition Source Control Screening (Site form A-6003-774)	
			<input type="checkbox"/> Additional/Other Controls:	
	Task:			
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>28. Laboratory Hazards (e.g., Chemical Splashes, Chemical Compatibility, Reactive, Time Sensitive)</b> If Yes, IH concurrence required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chemical Segregation	<input type="checkbox"/> Volume Limitations
			<input type="checkbox"/> Fume Hoods	<input type="checkbox"/> Special Labeling or Postings
			<input type="checkbox"/> IH Sample Plan #	<input type="checkbox"/> Lab Coat
			<input type="checkbox"/> Additional/Other Controls:	
Task:				
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>29. Heat Stress due to localized heat source or special PPE use</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heat Stress Mitigation Checklist	
			<input type="checkbox"/> Additional/Other Controls:	
	Task:			
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>
<b>30. Removal of Abandoned/ Deactivated Equipment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Air Gaps	<input type="checkbox"/> Containment
			<input type="checkbox"/> Flushing	<input type="checkbox"/> Drain/Depressurize
			<input type="checkbox"/> Hot Tap	<input type="checkbox"/> Remove Stored Energy
			<input type="checkbox"/> Additional/Other Controls:	
Task:				
<b>Yes</b> <b>No</b>		<b>Method*</b>		<b>Method*</b>

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