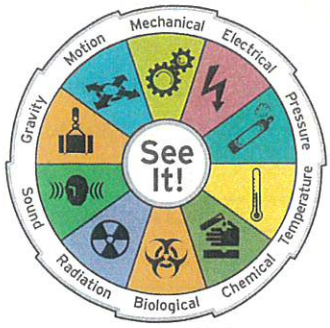
C.F. ARCHIBALD PAVING INC.

Daily Job Hazard Analysis



Temperature: Date:

Job No.:

Job Location:

Subcontractor filling this form:

811 Ticket #: Exp. Date:

Superintendent Name:

Foreman Name:

Competent Person's Name:

Sequence of Work	Potential Hazards	Precautions to Manage Hazards

STKY STUFF THAT KILLS YOU

	STKY Hazard Indentifed	STKY Hazard Mitigation
1		
2		
3		
4		
5		

Do all employees understand STOP WORK OBLIGATION?	Yes	
Have all incidents and/or near mises from the previous day been discussed?	Yes	

Safety Awareness For Everyone / Near Miss Reporting

(Must be completed) Please Print legibly

Superintendent Intials:

Name:

Date: Job #:

Location:

- ☐ Good Catch
- ☐ Near-Miss
- ☐ STOP WORK OBLIGATION

Description of Event:

Corrective Action Taken:

Recommendations for Improvement:

A monthly prize will be awarded to employees with the best entry

REV. 2020

Special Equipment Required (check all that apply) and Special Safety Considerations

PPE	Traffic Control	Confined Space	Emergency
☐ Hard Hats	☐ Traffic Plan	☐ Entry Permit	☐ Emergency Action Plan on Site
☐ Safety Glasses	☐ Day Work	☐ Air Monitor	☐ A.E.D. Location Truck #
☐ Goggles	☐ Night Work	☐ Air Monitor Book	☐ Safety Shower/Eye Wash
☐ Spoggles	☐ Warning Signs	☐ Manhold Guard	**Equipment on Site**
☐ Hearing Protection	**360° Walk-A-Round**	☐ Air Blower	☐ Milling Machine
☐ Respiratory Protection	☐ Wheels/Chocks	☐	☐ Paver Machine
☐ Face Shield	☐ Green Cone Policy	**Heat Illness Prevention Program**	☐ Compaction Rollers
☐ Safety Vest Type-2	☐ Back-up Alarms	☐ Drinking Water # Gal/cases	☐ Backhoe / Skid Loader
☐ Safety Vest Type-3	☐ Use of Ground Guides	☐ Shade/Canopy In-Place (>80° F)	☐ Skid Steers/Sweeper
☐ Leather Gloves	**Excavation**	☐ Rest Room	☐ CFA Trained Operator
☐ Rubber Gloves	☐ OSHA Notification at 5' Deep	☐ Onsite	☐ Yes ☐ No
☐ Steel Toed Boots	☐ Pre-Dig/DRKU Forms	☐ Offsite	☐ Rigging Certified
☐ Fall Protection	☐ Hydraulic Shores	☐	☐ Signal Personal Certified
☐ FR Clothing	☐ Tab-Data	**Lockout/Tagout/Blockout**	**Hand Tools**
☐ Rain Gear	☐ Shoring Design	☐ Lock with one key	☐ Guards in Place
☐ Rubber Boots	☐ Ladders	☐ Warning Tags	☐ Steel Plate Handling Tool
☐ Welding Hood	☐ Soil Analysis Checklist	☐	☐ Power Tools
☐ Metatarsal Foot Covers	☐ Atmosphere Testing	☐	☐ GFCI Protected
☐	☐ Log Book	**Stretch & Flex**	☐ Cords Inspected
* **Recommended**		☐ Performed	

***Lifting Weight:** Single Person 60 lb. Max | ***Team Lift:** Two Person 100 lb. Max | ***Group Lift:** Three or More Lifting Plan Needed

Superintendent Print:	**Superintendent Signature:**
Foreman Print:	**Foreman Signature:**

Attendees

	Initials			Initials			Initials	
Print Name	**AM**	**PM**	**Print Name**	**AM**	**PM**	**Print Name**	**AM**	**PM**

By placing initials in the AM & PM box of this form each employee signifies that he/she understands the safety hazards and precautions discussed in the Daily Job Hazard Analysis.

JHA Closure

All employees are to advise their supervisor of any unusual developments which occur as the job progresses and to stop work in the event of non-compliance with safety regulations, injuries, or if any unforeseen hazard develops.

Supervisor: **Time:**

Return the original of this form to the main office with payroll weekly.