



# Task Hazard Analysis Form

Date: \_\_\_\_\_

Company/Subcontractor: \_\_\_\_\_

Job/Task to be performed: \_\_\_\_\_

Project Name: \_\_\_\_\_

Number of employees for this task: \_\_\_\_\_

5 Questions to ask for an effective THA
1. What am I about to do? 2. How am I going to do it? 3. What do I need to do the job safely? 4. How could someone be injured? 5. What am I going to do about it?
Safety Access / Location / Evacuation
Location of eye wash / safety shower:
Emergency evacuation assembly area:

**Please consider the work to be performed and check 'Yes' or 'No' (attach additional information as needed)**

1. Does every crew member know how to use assigned tools & equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does this task require shutdown of systems or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does this work require special training? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Is the <u>any</u> potential to impact existing Owner or other subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you need additional or special training permits or procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are there occupied spaces adjacent or below? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you need additional or special materials and tools to do the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are there power lines nearby? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you need to review an MSDS to proceed with this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do other subs need to be involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there adequate lighting and access? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Crew knows location of fire extinguishers, eye washes and emergency phones? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will weather conditions affect the safety or quality of this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Work involves awkward positions, heavy or repetitive lifting? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Check if any of the following apply (attach additional information as needed)**

<input type="checkbox"/> Ladders	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Electrical Hazards	<input type="checkbox"/> Critical Lift Plan	<input type="checkbox"/> Excavations	<input type="checkbox"/> Rigging	<input type="checkbox"/> Barricades/Signs
<input type="checkbox"/> Open Flame Welding	<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Lock-Out/Tag-Out	<input type="checkbox"/> MSDS/HazCom	<input type="checkbox"/> Fall Protection PPE	<input type="checkbox"/> Elevated Work	<input type="checkbox"/> Hearing PPE

LIST STEPS to be performed	Hazards associated with each step	Required actions to eliminate or control hazard
1.		
2.		
3.		
4.		
5.		
6.		



<b>Additional PPE Required:</b>	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Face shield	<input type="checkbox"/> Welding Shield	<input type="checkbox"/> Goggles	<input type="checkbox"/> PFAS
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**Was anyone injured today?**      Yes       No   
**If so, was it reported?**        Yes       No

**Note: Work shall stop when conditions change, the job changes, or deficiency in the plan is discovered, and the current THA will be modified or a new Task Hazard Analysis created. Additional Permits-checklists are required for equipment, Confine space, trenches, excavations, hot work, line breaks, and Lock out/tag outs. Cranes, CAZ, Scaffolds, etc. See Site Safety if unsure.**

**PLEASE SIGN THIS DOCUMENT AFTER YOUR SUPERVISOR HAS REVIEWED THE TASK HAZARD ANALYSIS (THA) WITH YOU.**

	PRINT NAME	CRAFT/TRADE		PRINT NAME	CRAFT/TRADE
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

\_\_\_\_\_  
**Foreman/Supervisor/Superintendent**

\_\_\_\_\_  
**LeChase Management**

\_\_\_\_\_  
**Subcontractor Supervisor/Leader Person**

\_\_\_\_\_  
**Subcontractor Management**

