

HAZARD ANALYSIS

Work Plan Title: _____ Date: _____

Prepared By: _____

Reviewed By:(optional) _____

Approved By: _____

Supervisor/Task Manager

Description of work:

Personal Protective Equipment: (Check protective equipment required for the job.)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Side shields | <input type="checkbox"/> Chemical splash goggles |
| <input type="checkbox"/> Hearing Protection | | <input type="checkbox"/> Hard Hats |
| <input type="checkbox"/> 3.0 Braising goggles | | <input type="checkbox"/> Impact goggles |
| <input type="checkbox"/> Face shield | | <input type="checkbox"/> Rubber apron |
| <input type="checkbox"/> Leather gloves | | <input type="checkbox"/> Hot/Cold thermal protective gloves |
| <input type="checkbox"/> Chemical resistant gloves (specify type): | | <input type="checkbox"/> Respirators |
| <input type="checkbox"/> Other required PPE (specify): | | <input type="checkbox"/> Fall protection equipment (specify): |

Equipment required for the job: (List the tools needed to perform the job.)

Work Plan History Information: (List any lessons learned accidents from this job, tips from previous jobs)

HAZARD ANALYSIS

Step	Description	Hazards	Precautions / Safety Procedures
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

(Use additional pages as needed.)

