

Date: _____



Task Hazard Analysis Form

Project Name: _____

Subcontractor: _____

Jobsite Address (In Case of Emergency) _____

Task to be performed: _____

Number of Employees for this task _____



COVID-19 Screening Questions

Are any of the following symptoms present; Fever, chills, sore throat, loss of taste or smell, new cough or shortness of breath?

Have you been in contact with anyone under quarantine or who tested positive for Covid-19?

Have you tested positive for Covid-19?

If you answered yes to any of these questions, you are not cleared to be on the project!

Questions to ask for an effective THA	Please consider the following for work to be performed	Consider use of or potential for the following
1 What am I about to do?	<input type="checkbox"/> Does every crew member know how to use assigned tools & equipment?	<input type="checkbox"/> Ladders
2 How am I going to do it?	<input type="checkbox"/> Does this work require special training?	<input type="checkbox"/> Scaffolding
3 What do I need to do the job?	<input type="checkbox"/> Do you need additional or special materials and tools to do the job?	<input type="checkbox"/> Elevated work
4 What are the hazards?	<input type="checkbox"/> Do you need to review an SDS to proceed with this work?	<input type="checkbox"/> Fall Protection PPE/PFAS
5 What preventative measures will I take?	<input type="checkbox"/> Is there adequate lighting and access?	<input type="checkbox"/> Confined Space
Safety Access	<input type="checkbox"/> Is a shutdown of systems or equipment required?	<input type="checkbox"/> Critical Lift Plans, Rigging
Location of Fire Extinguishers:	<input type="checkbox"/> Are there occupied spaces adjacent or below?	<input type="checkbox"/> Excavations
Emergency Evacuation Area:	<input type="checkbox"/> Are there power lines nearby? Overhead, buried, in slab, ceilings, or wall?	<input type="checkbox"/> Electrical Hazards, Lock-Out/ Tag-Out
Location of Eyewash and First Aid Kit:	<input type="checkbox"/> Does work involve awkward positions, heavy or repetitive lifting?	<input type="checkbox"/> Life Saving Commitments
	<input type="checkbox"/> Is there any potential to impact existing Owner or other subcontractors?	<input type="checkbox"/> Barricades/ Signage
	<input type="checkbox"/> Are other subcontractors in my work area and can we work safely together?	<input type="checkbox"/> Welding/Cutting/Grinding
	<input type="checkbox"/> Is mobile equipment operator certified?	<input type="checkbox"/> Traffic Control
	<input type="checkbox"/> Will weather affect the safety or quality of this work?	<input type="checkbox"/> Hearing Protection
		<input type="checkbox"/> Heat/Cold Factors
		<input type="checkbox"/> SDS/ HazCom
		<input type="checkbox"/> Pressurized Systems
		<input type="checkbox"/> Shield, Welding PPE, Goggles
		<input type="checkbox"/> Other: _____
		Will the task require a deviation from any safety policy? <input type="checkbox"/> Yes <input type="checkbox"/> No

I confirm by my name below, that I have attended a briefing on the requirements of the attached THA and agree to perform the work in the manner detailed on it.

I confirm that copies of the relevant Permits, SDS's, Isolation Plans, etc. have been reviewed.

	PRINT NAME	CRAFT/TRADE	COVID-19 Symptoms/Contact (Y/N)		PRINT NAME	CRAFT/TRADE	COVID-19 Symptoms/Contact (Y/N)
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

YOU ARE EMPOWERED TO STOP UNSAFE WORK!

Always Validate and Verify and ask *How Do You Know?*

NOTE: EACH TASK REQUIRES A SEPERATE TASK HAZARD ANALYSIS

If a deficiency in the plan is discovered, or if the task/condition changes, work shall stop and the current THA will be modified or a new one created. Additional Permits/Checklists are required for equipment, confined space, trenches, excavations, hot work, line breaks, lock-out/tag-out, cranes, CAZ, scaffolds, pressure test, etc. See your supervisor if unsure.

LIST STEPS to be performed	Hazards associated with each step	Required actions to eliminate or control hazard
1.		
2.		
3.		
4.		
5.		
6.		
7.		

This pre task plan was conducted by:

Foreman/Supervisor/Superintendent (Print Name)

Signature

LeChase Management (Print Name)

Signature

Task Hazard Analysis

To be completed at end of shift:

Was anyone injured today?

Yes No

If so, was it reported?

Yes No