

This worksheet can be filled in by hand or electronically. To fill out by hand, please print this form and then complete each section. To fill out electronically, please complete each section, advancing using the tab key. To save your work, select the "Save As" function in the file tab menu of Adobe Reader.

Questions with this form? Contact the EH&S Safety Engineer (951)827-5118.

Joh Information					
Job Information					
Job Title or Task:		Department:			JHA#:
Title of person(s) performing this task/job:					
JHA Created By:	Date:		JHA Approved/Certified by:		Date:
Task Step (Sequence)		Known or Pote	ential Hazard(s)	Controls (Preventat	tive or Corrective Action)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If required, continue steps on the next page

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Task Step (Sequence)	Known or Potential Hazard(s)	Controls (Preventative or Corrective Action)
11.		
10		
12.		

## Minimum Required Personal Protective Equipment (PPE) Required Training Minimum: Check all that apply: - All UCR required basic employee safety training Anyone performing this task must be trained on these JHA provisions Additional: Hard hat Eye protection Dust mask Ear protection Face Shield Safety footwear Welding mask Gloves Harness

## Use the space below or additional pages to attach pictures, diagrams, or other relevant information

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