

Central Plateau Cleanup Company
JOB HAZARD ANALYSIS CHECKLIST

| | |
|---|-----------|
| Work Package/Procedure/PM/S Activity No.: | Revision: |
|---|-----------|

Title: _____

Specific Work Location(s): _____

Work Scope/Description: _____

Prepared By: _____

_____ *Print First and Last Name*
_____ *Signature / Date*

Approvals

| | |
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| RM/TA: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> | SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> |
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| SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> | SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> |
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| SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> | SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> |
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| SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> | SME: _____ _____ <i>Print First and Last Name</i> <i>Signature / Date</i> |
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| Activity/Hazard | Beyond Skill-Based Control | | | |
|---|---|------------------------------------|---|------------------------------------|
| 1. Aerial Lifts - Falls from Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Requires only skill-based controls Task: _____ | <input type="checkbox"/> Lane Closure <input type="checkbox"/> Fall Protection Work Permit, A-6004-286 <input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ _____ _____ | <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Spotter <input type="checkbox"/> Communication Device | Method* _____ _____ _____ |
| 2. Asbestos Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Requires only skill-based controls Task: _____ | <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ _____ | <input type="checkbox"/> Glovebag | Method* _____ _____ |
| 3. Beryllium Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Requires only skill-based controls Task: _____ | <input type="checkbox"/> Beryllium Work Permit, A-6006-202 <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ _____ | | Method* _____ _____ |

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| Activity/Hazard | Beyond Skill-Based Control | | | |
|---|---|--|---|--|
| <p>4. Biological Hazards (e.g., animals, carcasses, insects, snakes, feces, mold)</p> <p style="text-align: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Respiratory Protection</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p><input type="checkbox"/> Industrial Hygiene Exposure Assessment (IHEA)</p> <p><input type="checkbox"/> Industrial Hygiene Work Permit (IHWP)</p> | <p>Method* _____</p> <p>_____</p> | <p>Method* _____</p> <p>_____</p> |
| <p>5. Blind Penetrations</p> <p style="text-align: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Area Scan where penetration will take place: _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p>_____</p> | <p>Method* _____</p> <p>_____</p> | <p>Method* _____</p> <p>_____</p> |
| <p>6. Breach of System <i>(Opening or connecting to a system or component)</i></p> <p style="text-align: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Containment</p> <p><input type="checkbox"/> Negative ventilation/hood</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p>_____</p> | <p>Method* _____</p> <p>_____</p> | <p>Method* _____</p> <p>_____</p> |
| <p style="background-color: #d3d3d3; padding: 2px;">Add</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">X</p> <p>7. Chemicals Introduced, Legacy Chemicals, Handling of hazardous material chemicals; Dust, Toxic Fumes and Vapors</p> <p>MSDS/SDS# used: _____</p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Emergency shower identified and available</p> <p><input type="checkbox"/> Eye wash station (identified/available)</p> <p><input type="checkbox"/> Portable eyewash w/drench hose (Number of units _____)</p> <p><input type="checkbox"/> Chemical Boots</p> <p><input type="checkbox"/> Chemical Gloves</p> <p style="margin-left: 20px;">Type _____</p> <p><input type="checkbox"/> Engineering Evaluation of Chemical Compatibility</p> <p><input type="checkbox"/> Chemical Apron</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><input type="checkbox"/> Chemical Goggles</p> <p><input type="checkbox"/> Ventilation</p> <p><input type="checkbox"/> Respiratory Protection, A-6005-593</p> <p><input type="checkbox"/> Dermal PPE</p> <p><input type="checkbox"/> Industrial Hygiene Exposure Assessment (IHEA)</p> <p><input type="checkbox"/> Industrial Hygiene Work Permit (IHWP)</p> <p><input type="checkbox"/> Face Shield (Chemical)</p> | <p>Method* _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>8. Confined Space</p> <p style="text-align: right;">Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Hanford Confined Space Hazard Identification, A-6005-724</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p>_____</p> | <p><input type="checkbox"/> Hanford Confined Space Entry Permit, A-6005-717</p> | <p>Method* _____</p> <p>_____</p> |

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| Activity/Hazard | | | Beyond Skill-Based Control | |
|--|---------------------------------|--------------------------------|--|---|
| 9. Ergonomics, Moving: <i>(e.g., body position, vibration)</i> <input type="checkbox"/> Requires only skill-based controls Task: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ |
| 10. Excavation Work <input type="checkbox"/> Requires only skill-based controls Task: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Site Excavation Permit <input type="checkbox"/> Barricades <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ Method* <input type="checkbox"/> Ground Scans _____ |
| 11. Falls - from Heights <input type="checkbox"/> Requires only skill-based controls Task: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Fall Protection Work Permit, A-6004-286 <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ <input type="checkbox"/> Warning Lines _____ |
| 12. Falling Objects from Overhead <input type="checkbox"/> Requires only skill-based controls Task: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Establish Controlled Access Boundary of _____ Feet. <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ Method* _____ |
| 13. Fire Hazard: Weld, Burn, and Grind, Fire Marshall Permits; Flammable, Explosive, Combustibles <input type="checkbox"/> Requires only skill-based controls Task: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Fire Blanket <input type="checkbox"/> Fire Marshall Permit # <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ Method* <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Welding Screen _____ |
| 14. Hand Tools/Portable Equipment Use <input type="checkbox"/> Requires only skill-based controls Task: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> Face Shield <input type="checkbox"/> Leather Gloves <input type="checkbox"/> Cut Resistant Gloves Type _____ <input type="checkbox"/> Additional/Other Controls: _____ | Method* _____ Method* <input type="checkbox"/> Goggles <input type="checkbox"/> Heat Resistant Gloves _____ |

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|---|--|--|----------------------|--|
| <p>15. Hazardous Energy <i>(e.g., electrical, hydraulic, kinetic, mechanical, pneumatic, pressure, rotation thermal, spring, steam)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Hanford Site Electrical Risk Assessment, A-6007-595</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p><input type="checkbox"/> Hanford Site Energized Electrical Work Permit, A-6005-704</p> | <p>Method* _____</p> | |
| <p>16. Hoisting, Rigging, Cranes and Forklifts</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Critical Lift</p> <p><input type="checkbox"/> Special Lift</p> <p><input type="checkbox"/> Utilities Notification</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p><input type="checkbox"/> EU Notification</p> <p><input type="checkbox"/> Spotter(s)</p> <p><input type="checkbox"/> Communication device <i>(radio, air horn, etc.)</i></p> | <p>Method* _____</p> | |
| <p>17. Lead</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Lead Control Plan</p> <p><input type="checkbox"/> Industrial Hygiene Work Permit (IHWP)</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p><input type="checkbox"/> Industrial Hygiene Exposure Assessment (IHEA)</p> | <p>Method* _____</p> | |
| <p>18. Noise/Noisy Environments</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Noise Barrier</p> <p><input type="checkbox"/> Hearing Protection <i>(Specify)</i> _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p><input type="checkbox"/> Hearing Protection Boundary</p> | <p>Method* _____</p> | |
| <p>19. Overhead Utilities</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> De-energization Required</p> <p><input type="checkbox"/> Wire Watch Required</p> <p><input type="checkbox"/> Safe Work Zone Marked</p> <p><input type="checkbox"/> Spotter Required</p> <p><input type="checkbox"/> Communication device <i>(radio, air horn, etc.)</i></p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> <p><input type="checkbox"/> Insulating Blankets Required</p> <p><input type="checkbox"/> Required Cleared Distance</p> <p><input type="checkbox"/> Electrical Utilities Notified</p> <p><input type="checkbox"/> Line Height Signs Posted</p> | <p>Method* _____</p> | |
| <p>20. Pressurized Gas Cylinders</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p>Method* _____</p> | <p>Method* _____</p> | |

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| Activity/Hazard | Beyond Skill-Based Control | |
|--|--|--|
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>21. Radiological Area Work <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> AMW # _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p>_____</p> |
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>22. Roof Work <input type="checkbox"/> <input type="checkbox"/></p> <p>• Repair or maintenance of a roof, or work where the roof is the work platform</p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> Engineering Evaluation _____</p> <p><input type="checkbox"/> Fall Protection Equipment _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> <i>Fall Protection Work Permit, A-6004-286</i> _____</p> <p><input type="checkbox"/> Pre-job Inspection _____</p> |
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>23. Scaffold Erection, Dismantling, Modification <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> <i>Fall Protection Work Permit, A-6004-286</i> _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p>_____</p> |
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>24. Scaffold Use <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> <i>Fall Protection Work Permit, A-6004-286</i> _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p>_____</p> |
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>25. Sharp Objects, Cut or Puncture Hazard <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> Cut Resistant Gloves <i>Type</i> _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p>_____</p> |
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>26. Temperature Extremes, Thermal Stress <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> <i>Heat Stress Evaluation, A-6007-263</i> _____</p> <p><input type="checkbox"/> Industrial Hygiene Work Permit (IHWP) _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> Physiological Monitoring is required _____</p> <p><input type="checkbox"/> Industrial Hygiene Exposure Assessment (IHEA) _____</p> |
| <p>Task: _____</p> <p style="text-align: right;">Yes No</p> <p>27. Vehicle, Heavy Equipment Use and Traffic <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | <p style="text-align: right;">Method*</p> <p><input type="checkbox"/> Establish Dedicated Spotter(s) _____</p> <p><input type="checkbox"/> Additional/Other Controls: _____</p> | <p style="text-align: right;">Method*</p> <p>_____</p> |

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|--|--|--|--|--|
| <p>28. Vehicle Use - Off Road, Tertiary Road Travel</p> <p style="text-align: right;">Yes No</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Requires only skill-based controls</p> <p>Task: _____</p> | | | <p><input type="checkbox"/> Establish Dedicated Spotter(s)</p> <p><input type="checkbox"/> Additional/Other Controls:</p> <p>_____</p> | <p>Method*</p> <p>_____</p> <p>_____</p> |
| <p>29 Other:</p> <p style="text-align: right;">Yes No</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>Other Describe:</p> <p>Task: _____</p> | | | <p><input type="checkbox"/> Controls:</p> <p>_____</p> | <p>Method*</p> <p>_____</p> |
| <p>Comments:</p> | | | | |

Central Plateau Cleanup Company
JOB HAZARD ANALYSIS CHECKLIST (Continued)

Work Package/Procedure/PM/S Activity No.:

Revision:

Walk Down Conducted: Yes If YES, Date Performed: _____
 No If NO, Justification: _____

RM/FM Approval (for no walkdown):

_____ _____
Print First and Last Name *Signature / Date*

WALK DOWN OR TABLETOP/JHA PARTICIPANTS

| First and Last Name | HID Number | Discipline/Responsibility | Date |
|---------------------|------------|---------------------------|------|
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