|  |  |  |  |
| --- | --- | --- | --- |
| **UNITED STATES DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH INSPECTION SERVICE** | **Job Hazard Analysis** | | Place Photo Here of Task/Equipment if Relevent |
| **Date:** Click here to enter a date | **SOP Available (Y/N):** | **JHA No:** |
| **Location/Unit:** | | |
| **Task or Process Description:** | | |
| **Tools & Equipment Required:** | | |
| **Hazardous Materials:** | | |
| **Special Requirements:** | | |

**Analysis**

| **Basic Job Steps**  (List steps in order of operation) | **Potential Hazards**  (e.g., flying debris, dust, vapors) | **Mitigation/Control** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Analysis Summary**

| **Engineering Controls Required:** | |
| --- | --- |
| **Administrative Controls/Training Required:** | |
| **Personal Protective Equipment Required:** | |
| **Emergency Contacts:**  **Supervisor-**  **Safety Manager/Officer-** | **Analysis Completed By:** |
| **Supervisor Signature:** | **Safety Manager/Officer Signature:** |