|  |  |  |
| --- | --- | --- |
| **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:** |