



GENERAL CONTRACTORS

DAILY JOB HAZARD ANALYSIS

Douglas N. Higfins, Inc

INSTRUCTIONS: Supervisors must conduct a safety meeting with their entire crew, at the beginning of each shift, or prior to beginning a new task, identifying work to be performed, hazards associated with the work, and measures taken to mitigate or eliminate hazards. All personnel in attendance should sign the completed form.

DATE: 01/28/2018 **TIME:** 1517199221000
SUPERVISOR: Srinivasa Rao
PROJECT: 10
RALLY POINT: test

I UNDERSTAND THE SAFETY BRIEFING,
AND I TAKE OWNERSHIP OF MY SAFETY
AND THE SAFETY OF OTHERS

PRINT NAME

SIGNATURE

tester 1 1

IDENTIFY THE JOB, DEVELOP WORK PLAN, ASSIGN TASKS

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IDENTIFY TOOLS, MATERIALS, AND EQUIPMENT REQUIRED

1990/hghsg/uhj/111

OTHER POTENTIAL HAZARDS:

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IDENTIFY RISKS AND HAZARDS ASSOCIATED WITH JOB

- | | |
|--|--|
| <input checked="" type="checkbox"/> Subcontractors | <input type="checkbox"/> Blasting |
| <input type="checkbox"/> M.O.T | <input type="checkbox"/> Site Traffic Patterns |
| <input type="checkbox"/> Vehicle Backing | <input type="checkbox"/> Excavation Hazards |
| <input type="checkbox"/> Overhead Obstructions | <input type="checkbox"/> Heat/Cold Exposure |
| <input type="checkbox"/> Chemical Exposure | <input type="checkbox"/> Noise Exposure |
| <input type="checkbox"/> Eye Exposure | <input type="checkbox"/> Pinch Points |
| <input type="checkbox"/> Abrasions/Cuts | <input type="checkbox"/> Fall Hazards |
| <input type="checkbox"/> Slipping/tripping | |

**IMPLEMENT THE
PLAN SAFELY AND
PRODUCTIVELY**

IDENTIFY REQUIRED PPE OR SYSTEMS TO

ENSURE SAFETY

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