

New Belgium

## Job Hazard Analysis (JHA)

**Note:** Work must be performed in accordance with this JHA. This JHA must be kept and available for use and inspection throughout the term of approval for work at New Belgium. If JHA is revised or updated, all previous versions must also be kept for review as needed. Initiation of, and amendments to, JHA may be documented on back of Permit to Work.

Contractor Company Name:		New Belgium Contact Name:	
Contractor Contact Name:		New Belgium Contact Phone:	
Contractor Contact Phone:		Workplace Site / Location:	
Job Description / Project Name:		Work Activity:	
Hazards associated with work:  <i>(check all that apply and describe mitigation and controls on back of this sheet)</i>	<input type="checkbox"/> Access / Egress	<input type="checkbox"/> Ergonomic	<input type="checkbox"/> Pedestrians / By-standers
	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Falling 4' or Greater	<input type="checkbox"/> Pests / Insects
	<input type="checkbox"/> Biological	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Physical
	<input type="checkbox"/> Chemical	<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Planning
	<input type="checkbox"/> Communication	<input type="checkbox"/> Ground Excavation	<input type="checkbox"/> Powered Industrial Trucks
	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Hazardous Energies	<input type="checkbox"/> Psychological
	<input type="checkbox"/> Container Loading / Unloading	<input type="checkbox"/> Heat, Sparks, or Slag	<input type="checkbox"/> Scaffolding or Ladders
	<input type="checkbox"/> Creation or Exposure to Dust	<input type="checkbox"/> Hot / Cold Environment	<input type="checkbox"/> Schedule
	<input type="checkbox"/> Disable Fire Suppression / Alerting	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Slippery Surfaces
	<input type="checkbox"/> Electric or Air Powered Tools	<input type="checkbox"/> Lighting	<input type="checkbox"/> Suspended Load
	<input type="checkbox"/> Electricity ≥ 50V	<input type="checkbox"/> Mobile Elevated Work Platforms	<input type="checkbox"/> Training
	<input type="checkbox"/> Environmental	<input type="checkbox"/> Moving Parts	<input type="checkbox"/> Wall / Roof Penetration
	<input type="checkbox"/> other	<input type="checkbox"/> Noise	<input type="checkbox"/> other
	<input type="checkbox"/> other	<input type="checkbox"/> other	<input type="checkbox"/> other
Contractor person responsible for ensuring compliance with JHA:	(print name)	Date JHA Received:	(date)
What measures are in place to ensure compliance with JHA?			
NBB person responsible for approving JHA controls:	(print name)	Date JHA received by reviewer:	(date)
How will the JHA control measures be reviewed?			
Review Date:	(date)	Reviewers Signature:	(sign)

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<b>What are the tasks involved?</b> List the work tasks in logical order (what is to be done, not how it is done)	<b>What are the hazards and risks?</b> Identify the hazards and risks (consider safety, health, environmental, and quality) that may cause harm to people, product, and/or property	<b>What are the control measures?</b> Specify what measures will be implemented or actions taken to eliminate or control risks to an acceptable level. Use NBB Risk Matrix for assessment
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