

<u>CNS OPERATIONS MANUAL</u> ADMINISTRATIVE PROCEDURE 0.36.12 JOB SAFETY HAZARDS ANALYSIS (JSHA)	USE: INFORMATION QUALITY: QAPD RELATED EFFECTIVE: 4/3/08 APPROVAL: ITR-RDM OWNER: D. A. JONES DEPARTMENT: SAFETY
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REV.	DATE	CHANGES
0	4/3/08	New procedure.

1. PURPOSE

1.1 This procedure provides the requirements and instructions for personnel in the area of job safety, including the performance requirements for performing a Job Safety Hazard Analysis.

2. RESPONSIBILITIES

2.1 All CNS personnel and contractors (supplemental support) are responsible to comply with the instructions in this procedure when planning, reviewing, or executing job and task activities in the workplace.

3. INSTRUCTIONS

3.1 JOB SAFETY HAZARDS ANALYSIS (JSHA)

3.1.1 A Job Safety Hazards Analysis (JSHA) is a process where the steps required to complete an activity are systematically identified, reviewed, and either Engineering controls, alternate methods, or personal protective equipment are recommended to eliminate or reduce hazards for employees performing the activity.

3.1.2 The principal benefits of a JSHA include:

- Structured, systematic assessment of workplace hazards;
- Raising employee awareness to protect against job-specific hazards;
- Preparing for planned safety observations;
- Giving pre-job instruction on irregular jobs; and
- Studying jobs for possible improvement in job methods.

3.1.3 REQUIREMENTS FOR A JOB SAFETY HAZARDS ANALYSIS

3.1.3.1 The department or workgroup controlling the work activity shall initiate and prepare the JSHA.

3.1.3.2 A JSHA should be considered, but not limited to, the following conditions:

- a. Prior to performing a task not adequately addressed by industrial safety procedures; or
 - b. An exception to a requirement contained in the following industrial safety procedures:
 - 0.36.1, Heat Stress Prevention Program.
 - 0.36, Industrial Safety Procedure, for general safety requirements and personal protective equipment.
- or
- Re-evaluation of existing JSHA; or
 - When requested.

3.1.3.3 Examples:

- Pneumatic testing.
- Working on energized high temperature or pressurized systems.
- When working within exposed energized electrical components.
- Operations of machine equipment or tools after electrical grounds have been removed.

3.1.3.4 The need for an analysis should be guided by the following factors:

- Prior History, including accidents, near misses, injuries.
- Severity Potential - Some jobs may not have a history of accidents but may have the potential for producing severe injury.
- New Jobs - Changes in equipment or in processes.
- Infrequently performed tasks and evolutions.
- Risk-significant jobs.

3.1.4 PREPARATION AND IMPLEMENTATION OF THE JOB SAFETY HAZARDS ANALYSIS

NOTE – Attachment 2, JSHA Check Sheet, is a tool that can be used to assist in identifying potential hazards and safety problems. If a Project Safety Review is performed, the attached Check Sheet will not be necessary if all attributes of the Check Sheet are included in the Project Safety Review.

3.1.4.1 After the department or workgroup controlling the work has identified the need for a JSHA, they shall follow the basic steps in performing the job safety hazard analysis as follows:

- a. Break the job down into successive steps or activities and evaluate how each of these actions will be performed.
- b. Identify the hazards and potential accident causes associated with each activity step.
- c. Identify and implement Engineering, administrative controls, or compensatory measures to eliminate or mitigate each hazard and prevent potential accidents.

3.1.4.2 The department or workgroup controlling the job shall prepare and submit the Standard Job Safety Hazards Analysis Form in Attachment 1 to the Safety Department.

3.1.4.3 Include the following information on a JSHA Form:

- Title.
- Purpose and description of the job to be performed.
- Identification of the significant hazards.
- What will be done to reduce or eliminate the hazard and potential hazards.
- Identify any hold/stop points where tasks or results of tasks could change the original assumptions and unsafe or dangerous conditions could now exist.

3.1.4.4 If Attachment 2, JSHA Check Sheet, is used, submit a copy of the completed JSHA Check Sheet with the JSHA Form to the Safety Department.

3.1.5 REVIEW/APPROVAL

3.1.5.1 The JSHA shall be signed by the person completing it, approved by the Supervisor, and the Safety Coordinator or designee.

3.1.5.2 PPE exemptions require the approval of the Department Manager and Safety Coordinator.

3.1.5.3 Additional approvals by the Department Manager and/or General Manager of Plant Operations (GMPO) are required when requested by the Safety Coordinator or designee.

3.1.5.4 The use of an existing or archived JSHA is acceptable; however, the Supervisor shall review the JSHA and the job sequence activities to ensure it is applicable for current work scope. This review shall be documented using the JSHA Review Form attached to the JSHA.

3.1.6 CHANGES TO AN APPROVED JOB SAFETY HAZARDS ANALYSIS

- **Minor Changes** - Changes needed to correct typos may be made by the implementing Supervisor. The Supervisor shall initial and date the change(s) and send a copy to Safety.
- **Major Changes** - Changes that reflect a change in the JSHA due to changing work scope, hazards, or risks shall be reviewed and approved at the same level as the original.

4. RECORDS

4.1 No quality records are generated by this procedure.

5. REFERENCES

5.1 COMMITMENTS AND OBLIGATIONS MATRIX

COMMITMENTS AND OBLIGATIONS	AFFECTED STEPS
QAPD	Unvalidated

ATTACHMENT 1 JOB SAFETY HAZARDS ANALYSIS FORM

ATTACHMENT 1 JOB SAFETY HAZARDS ANALYSIS FORM

Title: _____	Sheet 1 of ____	JSHA #: 200__ - ____ Rev. #: ____	Date: _____	<input type="checkbox"/> New <input type="checkbox"/> Revised
Location:		Contact Person(s) In Charge Of Job:		
Analysis Prepared By:		Requesting Department:		
Activity Description:		Safety Coordinator or Designee		
		Comments:		
Reason for JSHA <input type="checkbox"/> New Activity <input type="checkbox"/> Re-evaluation of existing JSHAs <input type="checkbox"/> Details for activity not covered by IS Rule Book or Industrial Safety Procedures <input type="checkbox"/> An exception to Procedure 0.36 or 0.36.1 is requested <input type="checkbox"/> If exception is requested, provide:		YES NO		
		Exemption Required?		<input type="checkbox"/> <input type="checkbox"/>
		Justification:		
Title	Section	Step	GMPO Approval Required per Safety Coordinator <input type="checkbox"/> <input type="checkbox"/>	
SEQUENCE SHEETS ARE A REQUIRED PART OF THIS FORM TOTAL NUMBER OF SHEETS IN JSHA INCLUDING THIS SHEET: _____				
Concurrence				
Required Approvals		Print Name/Signature		Date
Requester:		/		
Requesting Supervisor:		/		
Industrial Safety Representative:		/		
Additional Approvals		Print Name/Signature		Date
Requesting Department Manager/Director: (Required for Exceptions Only)		/		
GMPO: (when required by Safety Representative)		/		

ATTACHMENT 2 JOB SAFETY HAZARDS ANALYSIS CHECKSHEET

ATTACHMENT 2 JOB SAFETY HAZARDS ANALYSIS CHECKSHEET

JSHA #: 200-_____ Rev. #: _____				
ARE THE FOLLOWING CONDITIONS PRESENT?		YES	NO	COMMENTS
1)	Is there a need for special housekeeping requirements?			
2)	Heavy lifting?			
3)	Heavy pushing or pulling?			
4)	Twisting and/or bending?			
5)	Trips over objects?			
6)	Falls to the same or lower level?			
7)	Finger, hand, or body part caught in or between objects?			
8)	Conditions to cause abrasion, laceration, or puncture wounds?			
9)	To be struck by or against?			
10)	Exposure to energized electrical components? If YES, voltage: _____			
11)	Exposure to extremely hot surfaces or systems (i.e., high-pressure steam or hot water)?			
12)	Is availability of immediate treatment for injuries necessary?			
13)	Exposure to high-pressure air or gas? If YES, pressure: _____			
14)	Extreme temperatures? If YES, temp °F: _____			
15)	Is total isolation from the hazard achieved? Adequacy of system isolation: _____ If YES, type of isolation: <input type="checkbox"/> Single <input type="checkbox"/> Double			
16)	Will the job compromise Engineered barriers?			
17)	Engineering space? If YES, is it: <input type="checkbox"/> Ventilation <input type="checkbox"/> Protective Barriers			
18)	Confined space? If YES, is it: <input type="checkbox"/> Permit <input type="checkbox"/> Non-Permit			
19)	Are chemicals involved: If YES, identify chemicals: <input type="checkbox"/> Solvents <input type="checkbox"/> Dusts <input type="checkbox"/> Fumes <input type="checkbox"/> Gases <input type="checkbox"/> Noxious odors <input type="checkbox"/> Toxic <input type="checkbox"/> Reactive <input type="checkbox"/> Flammable			
20)	Additional personal protection requirements? (General requirements are safety glasses, hardhats, and appropriate footwear.) If YES, identify type: <input type="checkbox"/> Gloves Type: _____ <input type="checkbox"/> Respirators <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shields <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Aprons <input type="checkbox"/> Cool Vests <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other and list: _____			

