

PRE-SURVEY FOR JOB HAZARD ANALYSIS

Pre-Survey for Job Hazard Analysis: Prior to beginning a job hazard analysis the following pre-survey will be conducted to evaluate the general conditions under which the job is performed. Add additional questions as required. **This list is not intended to be all inclusive.**

1. Are there tripping hazards in the job vicinity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the lighting adequate for work conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there explosive hazards associated with the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are there electrical hazards associated with the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are tools associated with the job in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the noise level excessive (below 85db twa)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is communication hampered because of excessive noise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the vibration level excessive, leading to numbness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is fire protection equipment readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have employees received fire training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are emergency exits properly marked and accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are employees wearing proper protective equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are trucks/motorized vehicles properly equipped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have employees received training in the use of trucks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have industrial hygiene complaints been received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Does the job involve confined spaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Does the job involve lock-out tag-out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do employees know emergency response procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Does the job isolate workers from other co-workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. How often does the supervisor visit the job location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Is the worker is alone for extended periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Do employees know the evacuation relocation point?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. What atmospheric testing has been performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Are atmospheric contaminants are present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Will jewelry or clothing get caught in machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Can the worker get caught between moving parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Can the worker fall from one level to another?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Can anything fall on the worker from above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Is the worker in an off-balance position at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Is the standing surface clean to maintain stability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Are the environmental conditions (heat/cold) adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Do possible eye/face injury conditions exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Do possible head injury conditions exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Do possible foot injury conditions exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Do possible hand injury conditions exist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39.	<input type="checkbox"/> Yes	<input type="checkbox"/> No