

HAZARD and CONTROL IDENTIFICATION CHECKLIST [HCIC]

See 'CHECKLIST INSTRUCTIONS' on page 4

Activity/Job Description/Scope:

Completed By:	Function/Title:	Date:	Area/Facility:	Other Pertinent Information
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Facility Type

Operational	Office (Administration)	Indoor	Outdoor	Industrial (shops, labs, etc.)	Under Demolition
Abandoned/Closed	CAT 2 Nuclear	Burial Ground		Storage Tank(s)	Other:

HAZARDOUS ACTIVITY/POTENTIAL HAZARD	General JHA	Job Specific JHA	N/A	HAZARDOUS ACTIVITY/POTENTIAL HAZARD	General JHA	Job Specific JHA	N/A
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1. Biological [<input type="checkbox"/> Not Applicable]								
	Insects/Ticks/Chiggers/Mosquitoes/Spiders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plants (<i>Allergens</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bird Droppings (Histoplasmosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne Pathogens (BBP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bacterial/Fungi/Mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rodents/Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HA NOTES, if applicable:

2. Chemical Exposure(s) [<input type="checkbox"/> Not Applicable]								
	Disturbing uncharacterized areas/materials [e.g., potential for ACM, lead, PCBs, above 8-ft inside radiological facilities]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Silica, Crystalline ["Respirable Silica Dust"]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulk Quantities or Highly-hazardous Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hydrogen Fluoride - HF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaching or Opening of Hazardous Material (<i>excl. RAD</i>) Process Line/ Vessel/Vat/ Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nuisance Dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carcinogen, Mutagen, Reproductive Toxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos-Containing Materials – disturbance of bldg. materials/components older than 1980	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acid [<i>state type</i>]: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manmade Mineral/Synthetic Fibers (<i>glass wool, rock wool, slag wool, refractory ceramic</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Corrosive [<i>Chemical Burns</i>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beryllium or Beryllium-Containing Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye/Skin Irritant _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chromium or Chromium-Containing Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inhalation Hazard [<i>Cl, Fl, ClF₃, UF₆</i>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lead/Lead-Containing Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Hazard [<i>Fl, ClF₃, UF₆</i>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mercury or Mercury-Contaminated Mat'ls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic [<i>state type</i>]: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Metal [<i>state type</i>]: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volatile [<i>state type</i>]: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PCBs or PCB-Contaminated Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding Fumes/Grinding Particulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Other Chemical Usage [<i>not consumer qty</i>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HA NOTES, if applicable:

3. Elevated Work [<input type="checkbox"/> Not Applicable]								
	Elevated Work Platform (<i>Aerial/Scissor/ Vertical Lift</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ladder (<i>Fixed</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall from Elevated Surface (<i>4-ft, General Industry</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ladder (<i>Portable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall from Elevated Surface (<i>6-ft, Construction</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-Roofing Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold (<i>Non-complex, as defined</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Roofing Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold (<i>Complex, as defined by procedure</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Overhead Hazards; Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HA NOTES, if applicable:

4. Emergency Management [<input type="checkbox"/> Not Applicable]								
	Construction of a new facility (including stand-alone projects) which results in the introduction of a new source of radiological or hazardous chemicals or a new facility emergency condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Introduction of new radiological or hazardous chemicals into an existing facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An increase in an existing facility of the maximum anticipated quantity of radiological or hazardous chemical inventories above those considered in the existing PORTS site Hazards Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					A change in existing facility operations which could result in a new facility emergency condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HA NOTES, if applicable:

JHA No. FBP-JHA-	Source ID No. (Work Order, Procedure or Other)	JHA Rev. No.	Requestor
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HAZARDOUS ACTIVITY/POTENTIAL HAZARD [Control No.]		General JHA	Job Specific JHA	N/A	HAZARDOUS ACTIVITY/POTENTIAL HAZARD [Control No.]		General JHA	Job Specific JHA	N/A
5. Environmental [Not Applicable]									
	Disturbance of Wetlands or Streams	<input type="checkbox"/>	<input type="checkbox"/>			Fugitive Dust Emissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disturbance of Habitat for Protected Species	<input type="checkbox"/>	<input type="checkbox"/>			Storm Water Runoff (soil, silt and/or sediment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Release of Fuel or Oil into the Environment	<input type="checkbox"/>	<input type="checkbox"/>			Discharge of Contaminants in Liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spills or Releases of Haz. Materials or Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other Env: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
6. Fire Safety [Not Applicable]									
	Hot Work: Welding, Open Flames, Cutting, Grinding, and Brazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Degrades the Fire Barrier Component or Barrier Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cutting/Welding on Process (Gas) Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Refueling Activities (<i>fixed and mobile</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cutting/Welding Involving Unknown/Unusual Materials (<i>e.g., Class D Metals</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Impacts the Life Safety Means of Egress for Building Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of Flammable/Combustible Liquids [<i>greater than duration and frequency defined in 1910.1200(b)(6)(ix)</i>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Involves Life Safety Fire Suppression Systems or Equipment, Fire Detection and/or Alarm Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of Aerosol Cans/Sprayers [<i>greater than duration and frequency defined in 1910.1200(b)(6)(ix)</i>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Increases Overall Risk of Explosion or Fire in the Area/Introduces New Fire Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Storage of Flammable/Combustible Liquids or Gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Affects Equipment Identified in the Facility Safety Basis; SSC Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
7. Heavy Equipment and Powered Industrial Trucks (PIT) [Not Applicable]									
	Earthmoving/Heavy Equipment Hydraulic Ram/Shear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Crane, Bridge/Gantry/Jib/Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Articulating Dump Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tugger/Yard Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forklift/Telehandler (Non-Liquid Propane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Loading/Unloading Roll-off Box-Type Containers; Operating Trash Trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manual/Powered Pallet Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
8. Tools and Equipment [Not Applicable]									
	Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hoisting & Rigging/Chain Hoist (<i>Ordinary/Pre-Engineered – Checklist required</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Powered Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Critical Lift (<i>Plan required</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Powder-actuated Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Towing and Recovery (<i>Check Sheet required</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vibrating Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pressure Washer/Steam Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Portable Pump/Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Temporary Enclosure (<i>tent, containment, Permacon, project trailer, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
9. Electrical not including electrical cords for equipment use [<input type="checkbox"/> Not Applicable]									
	DC Voltage or Less Than (<) 50 Volts AC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Electrical Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equal to or Greater Than (≥) 50 Volts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Work on Energized Components or Circuit Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical Arc Flash (evaluation completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Electrical Utility Outage Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical Arc Flash (evaluation needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other Electrical: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									

	HAZARDOUS ACTIVITY/POTENTIAL HAZARD	General JHA	Job Specific JHA	N/A		HAZARDOUS ACTIVITY/POTENTIAL HAZARD [Control No.]	General JHA	Job Specific JHA	N/A
10. Physical [Not Applicable]									
	Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ergonomic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Blind Penetration of Walls, Floors, Ceilings, Roof, Other Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Manual Lifting (≤ 50 pounds or $\leq 1/3$ body weight, whichever is less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Compressed Gas Cylinder Storage, Handling and Use [901]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Manual Lifting (> 50 pounds or $> 1/3$ body weight, whichever is less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Noise (other than tools) ≥ 85 dBA TWA (posted area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Noise (other than tools) ≥ 85 dBA TWA continuous or intermittent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Compressed Air					Noise (power tools)			
	CAAS Audibility Determination Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pressurized/Vacuum Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Caught Between/Crush/Crushed By	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Temperature Extremes (Cold Stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanical/Moving Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Temperature Extremes (Heat Stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rotating Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lighting Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flying Particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Non-permit Required Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Line-of-Fire/Struck/Struck By (overhead)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Permit-required Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pinch Points (body extremities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Restricted Egress (not incl. confined space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oxygen Deficient/Oxygen Enriched Space	<input type="checkbox"/>				Sharp Edges/Corners	<input type="checkbox"/>		
	Work On or Near Water					Hot/Cold Surfaces/Materials	<input type="checkbox"/>		
	Sample Packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vibration-/Shock-Sensitive/Water Reactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drum Handling and Usage; Bulk Packaging and Transport of Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hazardous Energy Sources - involving non-electrical LOTO (e.g. chemical, mechanical, pneumatic, potential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Slip, Trip or Fall	<input type="checkbox"/>	<input type="checkbox"/>			Other Physical _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
11. Ionizing Radiation [Not Applicable]									
	Posted Radiological Areas (e.g., CA, HCA,ARA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Work Activity in an uncharacterized, infrequently accessed area (i.e. above 8-foot Inside Buildings, closed panels, locked rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work in Radiological Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Facility Design and/or Modification [10 CFR 835 Subpart K]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disturbing or Accessing Uncharacterized Areas/Materials [e.g., potential for RAD]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fissile Material and/or Impact Fissile Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digging or Sampling Evolutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other Radiological _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
12. Non-Ionizing Radiation [Not Applicable]									
	LASER - Class 2, 3a and 3r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Radio Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LASER - Class 3b or above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other Non-Ionizing Radiation (EM, Fiber Optics, Microwave, UV) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									
13. Miscellaneous [Not Applicable]									
	Utility Outage Required (other than electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Impacts the Operability of the CAAS/ENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical/Combustible/Flammable/Petroleum Storage Tank Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ventilation (Exhaust Hood/Air Movers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Generation of New Waste(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Impacts emergency response access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Waste Container/Salvage ("Overpack") Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HA NOTES, if applicable:									

JHA No. FBP-JHA-	Source ID No. (Work Order, Procedure or Other)	JHA Rev. No.	Requestor
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Additional HA Notes:

Walk-Down Attendee Section [DATE of Walk-down: _____]

ATTENDEE NAME	BADGE NO.	ATTENDEE NAME	BADGE NO.
ATTENDEE NAME	BADGE NO.	ATTENDEE NAME	BADGE NO.
ATTENDEE NAME	BADGE NO.	ATTENDEE NAME	BADGE NO.
ATTENDEE NAME	BADGE NO.	ATTENDEE NAME	BADGE NO.
ATTENDEE NAME	BADGE NO.	ATTENDEE NAME	BADGE NO.

Primary Section /Required Personell

<i>I have participated in a walk down and concur with activities and hazard(s) identified on this worksheet as they pertain to the work .</i>	SUPERVISOR PRINTED NAME	SUPERVISOR CONCURRENCE	BADGE NO.	DATE
	WORKER PRINTED NAME	WORKER CONCURRENCE	BADGE NO.	DATE
	Worker#2 As required	Worker #2 As required	Badge NO.	Date
	OS&H PRINTED NAME	OS&H CONCURRENCE	BADGE NO.	DATE

Field Notes

The Contractor OS&H representative completing the HCIC is to complete the worksheet during the walk-down, marking the applicable box under the appropriate heading for each HAZARDOUS ACTIVITY/POTENTIAL HAZARD listed. NOTE: After-the-fact edits, including electronic editing, is permitted to make the document more legible. If, upon completion of the HCIC only non-shaded boxes and/or shaded section heading [Not Applicable] boxes are checked, then a job-specific JHA is not required. If any shaded boxes are checked, then a job-specific JHA is required covering the unique and substantial hazards associated with the job/task.

NOTE: If the Company's General Work JHA (FBP-JHA-13-1647 / J-26 of the contract) encompasses the controls for all identified hazards associated with work scope/task then submit this form as your "JHA Submittal" per the J-8.

The term "walk-down" is broadly defined to include table-top, talk-through or similar reviews. An actual walk-down is expected unless conditions make it unsafe to do so.