



GENERAL SERVICES DEPARTMENT
OPERATING PROCEDURE

Number: 2.8

Date Issued*: 8/11/09

Revised*:

Page: 1 of 4

Subject: Job Safety Analysis

I. PURPOSE

This procedure will provide direction and responsibilities for the identification of workplace hazards, evaluation of work areas and use of Personal Protective Equipment (PPE).

II. DEFINITIONS

- A. **Job Hazard Assessment (JHA)** – A review of a work process that identifies hazards associated with the tasks to perform the job.
- B. **Personal Protective Equipment (PPE)** – Safety equipment designed to protect an employee from injury or illness.

III. RESPONSIBILITIES

A. Central Safety Services

- 1. Central Safety Services (CSS), in cooperation with the General Services Department (GSD), will ensure that each workplace is evaluated to determine whether hazards are present or are likely to be present, and if they will necessitate the creation of a Job Hazard Assessment and employee use of PPE.
- 2. CSS will integrate Personal Protective Equipment Checklist Assessment into the JHA.
- 3. CSS will retain the City of Tucson JHA database for all City departments.

B. GSD Safety Coordinator

- 1. In conjunction with GSD Divisions, will perform the required workplace hazard assessments utilizing the Job Hazard Analysis-Personal Protective Equipment Assessment Checklist (see Appendix A; an electronic copy of this form is available from the Department Safety Coordinator).
- 2. Will ensure CSS receives completed Job Hazard Analysis-Personal Protective Equipment Assessment Checklists.
- 3. Will approve proper PPE for a job task within GSD.

C. Division Administrators

- 1. Shall ensure workplace JHAs are performed for each job description utilizing the Job Hazard Analysis-Personal Protective Equipment Assessment checklist.
- 2. Will coordinate with the Department Safety Coordinator to ensure the Job Hazard Analysis-Personal Protective Equipment Assessment checklist is complete and ready to submit to CSS.



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D. Supervisors

1. Supervisors are responsible for providing the appropriate PPE and enforcing its proper use when required to perform specific job tasks in the work place.
2. Supervisors shall ensure training is provided in the proper use of PPE that an employee is required to utilize.

E. Employees

1. Shall utilize PPE when and where required as noted in the JHA. Employees are responsible for discontinuing use of damaged or depleted PPE and contacting supervisors for its immediate replacement.
2. No employee shall bring PPE into the workplace unless the following conditions are met.
 - a) PPE meets applicable OSHA/ANSI/ASTM Standards and is labeled as such.
 - b) The Department Safety Coordinator must approve the use of the PPE.
 - c) GSD may require a physician's written recommendation for the use of the PPE. City physician approval may be required for any PPE that is recommended by a personal physician.

Attachments: None

References: COT OSHM S-001 Personal Protective Equipment
<http://intranet.ci.tucson.az.us/css/pdfs/oshm/S-001.pdf>

Review Responsibility and Frequency: General Services Department Safety Coordinator shall review this procedure annually.

Authorized:



Department Director



Date



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Appendix A

**Job Hazard Analysis
Personal Protective Equipment Assessment**



Department:

Date:

Job Classification:

Evaluator:

Area:

Department Safety Representative or
Supervisor

Signature

Eye Protection

Hazards:

- Impact/Flying Objects
- Heat
- Chemicals
- Dusts
- Light/Radiation (Welding, Cutting, etc)
- Other _____

Current PPE:

Recommendations:

Head

Hazards:

- Overhead Hazards
- Bump Hazard
- Electrical
- Other _____

Current PPE:

Recommendations:

Hand and Arm

Hazards:

- Cut/Abrasion
- Heat/Cold
- Electrical
- Biological
- Chemicals Liquid/Solid
- Corrosives Acid/Base
- Organic Solvent
- Other _____

Current PPE:

Recommendations:

* Printed copies of this document may be outdated. Refer to electronic posting for current version.



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| Foot | |
|---|---|
| Hazards: | |
| <input type="checkbox"/> Impact | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Compression | <input type="checkbox"/> Metatarsal (Top of Foot) |
| <input type="checkbox"/> Water | <input type="checkbox"/> Electrical/Grounding |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Other _____ |
| Current PPE: | |
| Recommendations: | |
| Lungs | |
| Hazards: | |
| <input type="checkbox"/> Particulate (Dust, Silica, etc.) | <input type="checkbox"/> Gas (Carbon Monoxide, etc) |
| <input type="checkbox"/> Organic Vapor | <input type="checkbox"/> IDLH (Oxygen Deficient, etc) |
| <input type="checkbox"/> Pesticide | <input type="checkbox"/> Acid Gas |
| | <input type="checkbox"/> Other _____ |
| Current PPE: | |
| Recommendations: | |
| Noise | |
| Hazards: | |
| <input type="checkbox"/> Continuous (>85db) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Impact | |
| Current PPE: | |
| Recommendations: | |
| Other | |
| Hazards: | |
| <input type="checkbox"/> Wet Conditions | <input type="checkbox"/> Disposable Outerwear |
| <input type="checkbox"/> Chemical Exposure | <input type="checkbox"/> Heat/Cold |
| | <input type="checkbox"/> Other _____ |
| Current PPE: | |
| Recommendations: | |