ACTIVITY HAZARD ANALYSIS (AHA)

Activity/Work Task: Job Location:	Overall Risk Assessment Code (RAC) (Highest risk with the controls in place) —
Job Name / Job No.:	**RISK ASSESSMENT CODE (RAC) MATRIX**
Contractor:	
Date Prepared:	
Prepared by (Name/Title):	
Reviewed by (Name/Title): Risk accepted by (APP risk acceptance authority, overall RAC __): _____ Signature: _____	
DFOW:	**Review each "Hazard" with identified safety "Controls" and determine RAC (See above)**
Competent Person: Required PPE:	**"Probability"** is the likelihood of causing an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely. **"Severity"** is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible. **Step 2:** Identify the RAC (Probability/Severity) as E, H, M, or L for each **"Job Step"** on AHA, rated on the step's worst hazard with the listed controls in place. The overall RAC at the top of AHA is the highest step RAC with the controls in place.

Severity	PROBABILITY				
	Freq.	Likely	Occas.	Seldom	Unlikely
CATASTROPHIC	E	E	H	H	M
CRITICAL	E	H	H	M	L
MARGINAL	H	M	M	L	L
NEGLIGIBLE	M	L	L	L	L

RAC CHART
E = Extremely High
H = High Risk
M = Moderate Risk
L = Low Risk

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BEFORE WORK STARTS — PRE-START VERIFICATION

Work does not start until every item is verified. Mark items that don't apply N/A.

NO.	VERIFY BEFORE WORK STARTS	RESPONSIBLE	VERIFIED BY (INITIALS)	DATE / TIME
1	Crew briefed on this AHA and the Daily Pre-Task Plan signed	Foreman		
2	Permits for the work on site (building or city permit, plus any hot work, excavation or street-use permits)	Superintendent		
3	Surveys and reports the work depends on (hazardous materials, structural, utilities) reviewed and cleared for the areas being disturbed	Competent person		
4	Utilities in the work area located, shut off and locked out where needed, and verified	Competent person / qualified electrician		
5	Equipment and tools inspected before use; operators trained or certified	Operators / foreman		
6	Work area barricaded; public, occupant and other-trade access and exits kept clear	Foreman		
7	Emergency plan reviewed: call 911, nearest hospital, first-aid kit and trained first-aid person, muster point	Foreman		

EMERGENCY INFORMATION & SITE CONTACTS

Review with the crew before work starts. In an emergency call 911 first.

NEAREST HOSPITAL / URGENT CARE	_____	**PHONE**	_____
ADDRESS	_____		
EMERGENCY ACTION PLAN	_____		
SUPERINTENDENT	_____	**PHONE**	_____
FOREMAN	_____	**PHONE**	_____
DIG ALERT / 811 TICKET NO.	_____	**TICKET EXPIRES**	_____

JOB STEPS	HAZARDS	RISK CONTROLS	RAC
1.			

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JOB STEPS	HAZARDS	RISK CONTROLS	RAC
2.			
3.			
4.			
5.			
6.			

EQUIPMENT TO BE USED | TRAINING | INSPECTION		
EQUIPMENT TO BE USED	**TRAINING REQUIRED**	**INSPECTION REQUIREMENTS**

ACTIVITIES REQUIRING A COMPETENT OR QUALIFIED PERSON — ATTACH PROOF OF COMPETENCY	
ACTIVITY	**DESIGNATED COMPETENT OR QUALIFIED PERSON**

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SIGNATURES / VERIFICATION OF REVIEW		
NAME (PRINT)	**SIGNATURE**	**DATE**

AHA MODIFIED AND REVIEWED		
NAME (PRINT)	**SIGNATURE**	**DATE**

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TOOLBOX MEETING (This AHA has been discussed with the following crew)					
NO.	**NAME (PRINT)**	**EMPLOYEE / BADGE NO.**	**DESIGNATION/ROLE**	**SIGNATURE**	**DATE**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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