

POSITION HAZARD ANALYSIS (PHA) FOR COE EMPLOYEE	
Name: (Last, First, MI)	Prepared by: (Print Name - Last, First, MI)
Job Series:	Analyzed by: (MVN-SS)
Job Series Number (SF-52):	Date Analyzed: (Mo/Day/Yr)
Organization Code:	
Primary Duty Location:	

Clearances Required EM OPS First Aid/CPR Respirator CDL Crane Operator Diver HTRW Other		
POSITION TASKS	SAFETY AND/OR OCCUPATIONAL HEALTH HAZARDS	RECOMMENDED CONTROLS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

NOTE: Examples of potential hazards are as follows:

Safety:

Trenching
Electrical
Slips, Trips, Falls
Mechanical
Lifting
Burns

Occupational Health:

Exposure to heat/cold
Noise
Stress
Vibration
Radiation
Solvent
Paints

Welding fumes
Pesticides
Bloodborne Pathogens
Fungi
Insects/Vermin
Poison Ivy/oak

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EQUIPMENT TO BE USED	INSPECTION REQUIREMENTS	TRAINING REQUIREMENTS
List equipment to be used for each task	List inspection requirements for each work task	List safety/health training requirements
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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10.		
11.		
12.		
13.		
14.		
15.		
16.		

This analysis serves as the hazard assessment required by Sections 01, 05, and 06 of EM 385-1-1, U. S. Army Corps of Engineers Safety and Health Requirements Manual (Sep 2008). The employee covered by this analysis has been instructed in the tasks to be performed, the hazards to be encountered, the potential adverse effects of exposure to such hazards and the controls to be used. He/she has received adequate training specifically related to safe work practices, administrative and engineering controls and personal protective equipment (PPE) to be used in order to assure assigned work tasks are conducted in a safe and healthful manner. He/she has demonstrated an understanding of the safety and health equipment and PPE to be used to include its limitations, useful self-life, how to properly don, doff, adjust and wear required PPE and how to properly care for, inspect, maintain, store and dispose of the PPE. Attached is documentation of the training received, dates of such training, and the subject matter taught.

Supervisor Signature Date

Employee Signature Date

Date Reviewed by Safety Office:_____

Date Reviewed by IH:_____

Signature (Safety Office Reviewer)

Signature (IH)