



INTERNATIONAL BOUNDARY & WATER COMMISSION

ACTIVITY HAZARD ANALYSIS INSTRUCTIONS

The Activity Hazard Analysis (AHA) form is provided in two parts. For every AHA, complete a single version of Part 1. Then complete a Part 2 for every job step. There may be anywhere from five to 15 job steps in an AHA task.

Print all items to pdf and combine into a single document before submitting to COR.

A definable feature of work (DFOW) is a task that is separate and distinct from other tasks, has separate quality control requirements, and is continuous in location of work. It could be identified by different trades or disciplines or it could be work by the same trade in a different environment. AHAs shall be developed for each DFOW and **shall be specific to the work being performed on this project**. AHAs shall be submitted and compliance confirmed before a preparatory phase meeting for work on the associated DFOW.

AHAs shall be updated whenever better working practices or additional hazards are identified. The AHA shall be reviewed and modified as necessary to address changing site conditions, changing work crews, changing subcontractors, changing operations, or change of competent/qualified person(s). The AHA shall be reviewed, and modified if necessary, after any mishap.

Part 1

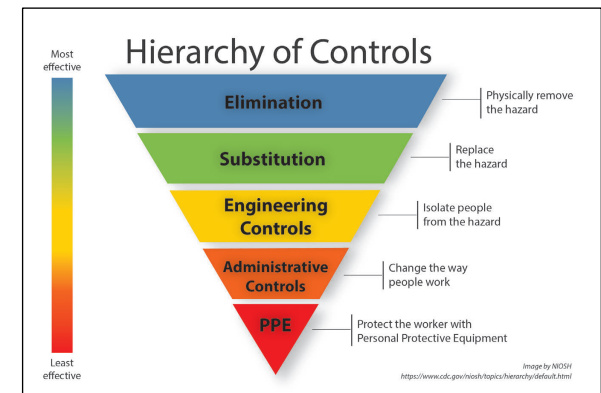
1. Enter AHA and project information.
2. Subcontractors may create AHAs but all project AHAs shall be reviewed by project SSHO or Contractor's corporate safety officer.
3. Common personal protective equipment (PPE) is listed. Modify as necessary for your DFOW.
4. Provide the names of the Competent/Qualified Person(s) required for a particular activity (for example, excavations, scaffolding, fall protection, other activities as specified by OSHA and USACE's EM 385-1-1). Proof of their qualifications and project authority shall be submitted to the COR for acceptance prior to the start of that work activity. Do not include these items with the AHA.
 - a. "Competent person" means one who is capable of identifying existing and predictable hazards in the surroundings or working conditions, which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them. (29 CFR 1926.32(f))
 - b. "Qualified" means one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated ability to solve or resolve problems relating to the subject matter, the work, or the project. (29 CFR 1926.32(l))
5. List all equipment to be used in the work activity.
6. List all training requirements related to this DFOW.
7. List all inspection requirements. When listing inspections, indicate with a (D), (W), or (M) after the inspection title to indicate if the inspection is to be performed daily, weekly, or monthly. If another inspection interval is used, define it in the last line of the Inspection Requirements. For example, (S) = each shift or (J) = each job.

Part 2

For every job step in an AHA, list the specific hazards and related mitigation control measures.

Do not lump all hazards and mitigation control measures together. All control measures are related to specific potential hazards and all potential hazards are related to a specific job step.

1. Break the DFOV into Job Steps that are required to complete the work sequence for this project. Ensure that data provided is specific to this project.
2. Put each job step on its own 'Part 2' page.
3. Describe the Job Step.
4. Break out the Potential Hazards for each Job Step. Put each Potential Hazard in its own cell. The form template contains spots for ten Potential Hazards. Split cells if more are required. Do not lump hazards together.
5. For each Potential Hazard, list the Control Measures to be implemented to eliminate or reduce each hazard to an acceptable level of risk. Do not lump all control measures together. Align them with the specific potential hazard that they mitigate.



Common DFOV include:

- | | | | |
|---|----------------------------|-----------------------------------|---------------------------------|
| ○ Backfill | ○ Fencing | ○ Lead remediation | ○ Site cleanup & demobilization |
| ○ Clearing and grubbing or site preparation | ○ Flooring | ○ Mobilization | ○ Site security |
| ○ Concrete forming | ○ Framing | ○ Painting | ○ Slurry walls |
| ○ Concrete placement | ○ Geophysical survey | ○ Placement of riprap | ○ Soil and groundwater sampling |
| ○ Concrete reinforcement installation | ○ Geotechnical testing | ○ Placement of roadway gravel | ○ Stucco |
| ○ Brick siding | ○ Install BMPs | ○ Placement of topsoil | ○ Subsurface utility survey |
| ○ Demolition | ○ Install guardrails | ○ Plumbing | ○ Surveying |
| ○ Dewatering | ○ Install handrails | ○ Refueling or refueling/mechanic | ○ Vegetation maintenance |
| ○ Drilled piers | ○ Install precast concrete | ○ Revegetation/seeding | |
| ○ Electrical | ○ Install sheet piling | ○ Roofing | |
| ○ Excavation | ○ Install signs | ○ Sheet piling | |
| | ○ Install slide gates | | |
| | ○ Install vehicle gates | | |

Examples of activities that require Competent or Qualified Persons:

- | | | | |
|---|----------------------|--|-----------------|
| ○ Blasting | ○ Diving | ○ Hazardous or toxic agents and environments | ○ Mold |
| ○ Confined space entry | ○ Drill rig | ○ Indoor air quality | ○ Rescuer |
| ○ Cranes/lifts | ○ Excavation | ○ Machinery/mechanized equipment | ○ Rigging |
| ○ Cumulative trauma disorder prevention | ○ Fall protection | | ○ Rope access |
| ○ Demolition | ○ Falling debris | | ○ Scaffolding |
| | ○ Floating platforms | | ○ Signal person |



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ACTIVITY HAZARD ANALYSIS

AHA Title: Surveying ☒ New ☐ Revised AHA Number: 006
Project: Make Believe Levee Work Contract Number: 191BWC99C9999
Contractor: ABC Excavation, Inc. Date: December 12, 2022
Location of Work: Doña Ana County, NM
Definable Feature of Work (DFOW): Surveying project

AHA Prepared By: John Smith Safety Officer Sunrise Surveying
NAME TITLE COMPANY
AHA Reviewed By: John Murphy SSHO ABC Excavation
NAME TITLE COMPANY

Required Personal Protective Equipment

| | |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | <u>High Visibility Apparel</u> |
| <input checked="" type="checkbox"/> | <u>Safety Toed Boots</u> |
| <input checked="" type="checkbox"/> | <u>Hard Hat</u> |
| <input checked="" type="checkbox"/> | <u>Safety Glasses</u> |
| <input type="checkbox"/> | <u></u> |
| <input type="checkbox"/> | <u></u> |
| <input type="checkbox"/> | <u></u> |
| <input type="checkbox"/> | <u></u> |
| <input type="checkbox"/> | <u></u> |
| <input type="checkbox"/> | <u></u> |
| <input type="checkbox"/> | <u></u> |

Competent Person (CP)/Qualified Person (QP)

| CP | QP | Activity Requiring CP/QP | Assigned CP/QP |
|--------------------------|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <u></u> | <u></u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u></u> | <u></u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u></u> | <u></u> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <u></u> | <u></u> |

Notes:

Check in with project manager prior to each day's shift to determine if any hazards or site conditions have changed.

ACTIVITY HAZARD ANALYSIS

Make Believe Levee Work

Surveying - 006

191BWC99C9999

| Equipment Used in Work Activity | Training Requirements | Inspection Requirements |
|--|--|---|
| <ul style="list-style-type: none">• Tripod• Total Station• RTK rover• GPS antenna• Level and rod• ATV• Shovels, hammers, lath, hubs, nails, spray paint, and other small tools | <ul style="list-style-type: none">• ATV driving class• Site safety orientation• Training in proper donning and use of PPE• Review of hand and power tools• Fire safety• HazCom/SDS• Valid driver's license | <ul style="list-style-type: none">• AHA review (J)• Inspect all equipment before and after use to any faulty or broken parts are noted (D)• PPE (D)• ATV ensuring properly maintained, in good working order, and owner's manual with vehicle (D) <p>(J) = job/project</p> |

| AHA Title: <u>Surveying</u> Job Step Number: <u>1</u> AHA Number: <u>006</u> Project: <u>Make Believe Levee Work</u> Contract Number: <u>191BWC99C9999</u> | | |
|---|------------------------|--|
| Basic Job Steps | Potential Hazards | Control Measures |
| Inspect Tools & Equipment | Pinch points | <ul style="list-style-type: none"> Keep hands and feet away from pinch points Stay alert to the position of your hands and feet when picking up objects |
| | Tool/equipment failure | <ul style="list-style-type: none"> Inspect tools and equipment thoroughly noting condition of handles and grips Look for cracks, wear, and operational integrity |
| | Sharp objects | <ul style="list-style-type: none"> Use gloves whenever handling sharp objects Look before placing your hands on any items |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |

| AHA Title: <u>Surveying</u> Job Step Number: <u>2</u> AHA Number: <u>006</u> Project: <u>Make Believe Levee Work</u> Contract Number: <u>191BWC99C9999</u> | | |
|---|---------------------|--|
| Basic Job Steps | Potential Hazards | Control Measures |
| Loading up equipment into vehicles | Pinch points | <ul style="list-style-type: none"> Keep hands and feet away from pinch points Stay alert to the position of your hands and feet when picking up objects |
| | Strains and sprains | <ul style="list-style-type: none"> When carrying equipment, keep feet clear while placing equipment down Use safe lifting techniques |
| | Splinters | <ul style="list-style-type: none"> Use gloves when picking up wood items When picking up laths or stake hubs, grab from the plastic wrap or avoid scraping hand through wood |
| | Shifting loads | <ul style="list-style-type: none"> Ensure that items loaded will not shift or fall off while driving |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |

| AHA Title: Surveying Job Step Number: 3 AHA Number: 006 Project: Make Believe Levee Work Contract Number: 191BWC99C9999 | | |
|---|-------------------------------|--|
| Basic Job Steps | Potential Hazards | Control Measures |
| Driving | Vehicle on vehicle collisions | <ul style="list-style-type: none"> Follow proper road rules such as speed limits and stop signs/traffic lights Avoid using cell phone or other distractions while driving Place full attention to road and driving |
| | Hitting unseen hazards | <ul style="list-style-type: none"> Avoid driving through areas where safe travel is not visible Use ground guide whenever backing or driving into an area that visibility is limited |
| | Striking others | <ul style="list-style-type: none"> Avoid using cell phone or other distractions while driving Place full attention to road and driving |
| | Falling off vehicle | <ul style="list-style-type: none"> Do not driving while another individual is in the bed of the vehicle Do not driving if someone is hanging from vehicle Only drive is everyone in vehicle is sitting on a proper seat and has seat belts fastened |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |
| | | <ul style="list-style-type: none"> |

| AHA Title: <u>Surveying</u> Job Step Number: <u>4</u> AHA Number: <u>006</u> Project: <u>Make Believe Levee Work</u> Contract Number: <u>191BWC99C9999</u> | | |
|---|---------------------|--|
| Basic Job Steps | Potential Hazards | Control Measures |
| Walking on jobsite | Strains and sprains | <ul style="list-style-type: none"> • Be mindful of where stepping • Use proper footing |
| | Falling | <ul style="list-style-type: none"> • Do not jump over canals or ditches. Go around or use bridges. • Place feet on steady ground |
| | Stung by insect | <ul style="list-style-type: none"> • Check area that may have been stung and monitor for evidence of poison or allergic reaction. • Contact SSHO • Seek medical care if body area worsens • Call 911 if breathing becomes impaired |
| | Bitten by animal | <ul style="list-style-type: none"> • Contact SSHO • Monitor bite for evidence of poison or allergic reaction • Seek medical care if body area worsens • Call 911 if breathing becomes impaired |
| | | <ul style="list-style-type: none"> • |
| | | <ul style="list-style-type: none"> • |
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| | | <ul style="list-style-type: none"> • |