

Job/Task: _____ Date: _____
 Work Location: _____
 Employee(s): _____

☐ New
☐ Revised

In case of an incident, the following people will be contacted:

Supervisor: _____
 Safety: _____
 Other: _____

- What is the most hazardous part of this job and what are you going to do to control the hazard? _____
- Are you properly trained to complete these tasks? _____
- What do you need to ensure this job is completed incident and injury free? _____
- What conditions, job changes or distractions could call for the need to use Stop Work Authority? _____

| Sequence of Job Steps | Potential Hazard(s) | Recommended Action/Procedure |
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Examine each step carefully to find and identify hazards or potential dangers that could lead to injury, illness or damage. Consider the following:

Chemical Hazard:
 _Inhalation _Skin Contact
 _Absorption _Injection
 _Ingestion

Biological Hazards:
 _Bloodborne Pathogens
 _Mold _Valley Fever
 _Plant/Insect/Animal

Physical Hazards:
 _Electrical
 _Fire/Explosion
 _Noise _Radiation
 _Thermal Stress
 _Pinch Point/Line of Fire
 _Slips/Falls
 _Strike against/Struck by

Ergonomic Hazards:
 _Repetition
 _Forceful exertion
 _Awkward Posture
 _Contact Stress
 _Vibration
 _Work Area Design

| | | | |
|--|---|----------------|-----------------|
| Additional Personal Protective Equipment Req'd | <input type="checkbox"/> face shield <input type="checkbox"/> chemical goggles <input type="checkbox"/> chemical protective clothing <input type="checkbox"/> rubber boots <input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> leather gloves <input type="checkbox"/> cut resistant gloves <input type="checkbox"/> respiratory protection _____ <input type="checkbox"/> arm protection <input type="checkbox"/> hearing protection <input type="checkbox"/> fall protection <input type="checkbox"/> Other _____ | | |
| Required Permits/Safe Work Plans | <input type="checkbox"/> General SWP <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Excavation and Trenching <input type="checkbox"/> Lift Plan/Crane Ops <input type="checkbox"/> Work in proximity to Overhead Conductors <input type="checkbox"/> Simultaneous Operations | | |
| Gas Detection Equipment Needed | <input type="checkbox"/> H ₂ S monitor <input type="checkbox"/> LEL, O ₂ , H ₂ S, CO Monitor <input type="checkbox"/> Other _____ | | |
| List hazardous substances MSDS reviewed? <input type="checkbox"/> yes <input type="checkbox"/> n/a | _____ _____ | | |
| Site Control | <input type="checkbox"/> barricades <input type="checkbox"/> post signs <input type="checkbox"/> caution tape <input type="checkbox"/> designated area for vehicles <input type="checkbox"/> heavy equipment spotter <input type="checkbox"/> establish meet and greet process | | |
| Environmental Conditions | Weather: _____ | Terrain: _____ | Wildlife: _____ |
| Hazardous Energy Control | <input type="checkbox"/> LO/TO checklist complete <input type="checkbox"/> LO/TO devices in place <input type="checkbox"/> energy isolation verified <input type="checkbox"/> electrical <input type="checkbox"/> hydraulic <input type="checkbox"/> pneumatic <input type="checkbox"/> mechanical <input type="checkbox"/> thermal <input type="checkbox"/> chemical | | |
| Tools and Equipment | <input type="checkbox"/> pre-use inspection complete <input type="checkbox"/> trained in use of tool/equipment List tools/equipment being used: _____ | | |

Work Site Diagram – Include equipment set-up, evacuation route, assembly area and identified hazards



JSA Reviewed by:

[illegible]