

Site/Project:

Name of Contractor/Subcontractor:	Date:	Weather:
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Task/Activity:

<p>Check applicable anticipated or potential hazards:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Demolition <input type="checkbox"/> Underground tank removal/disposal/high vapours <input type="checkbox"/> Excavation <input type="checkbox"/> Activities in or near traffic areas <input type="checkbox"/> Concrete cutting / coring <input type="checkbox"/> Mobile heavy equipment activity (excavators, dump trucks, vacuum and hydrovac trucks) <input type="checkbox"/> Pile driving / Shoring </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Work affecting integrity of critical controls <input type="checkbox"/> Welding, cutting, grinding <input type="checkbox"/> Hydroblasting / sandblasting <input type="checkbox"/> Radiography / X-ray testing <input type="checkbox"/> Pressure testing <input type="checkbox"/> Other: _____ <hr style="width:100%;"/> (Includes clearing brush/trees, reactive chemical handling, working in proximity to deep water, etc.) </td> </tr> </table>	<input type="checkbox"/> Demolition <input type="checkbox"/> Underground tank removal/disposal/high vapours <input type="checkbox"/> Excavation <input type="checkbox"/> Activities in or near traffic areas <input type="checkbox"/> Concrete cutting / coring <input type="checkbox"/> Mobile heavy equipment activity (excavators, dump trucks, vacuum and hydrovac trucks) <input type="checkbox"/> Pile driving / Shoring	<input type="checkbox"/> Work affecting integrity of critical controls <input type="checkbox"/> Welding, cutting, grinding <input type="checkbox"/> Hydroblasting / sandblasting <input type="checkbox"/> Radiography / X-ray testing <input type="checkbox"/> Pressure testing <input type="checkbox"/> Other: _____ <hr style="width:100%;"/> (Includes clearing brush/trees, reactive chemical handling, working in proximity to deep water, etc.)	<p>CRITICAL PROCEDURES: <i>Where work involves any of the following hazards, applicable Critical Checklists must be incorporated into the JSA</i></p> <input type="checkbox"/> Work at heights above 1.8 m (6 ft- includes excavations) <input type="checkbox"/> Confined Space Entry (includes tank cleaning) <input type="checkbox"/> Electrical/Mechanical Lockout (live, isolation, lock out/tag out) <input type="checkbox"/> Heavy Equipment Lifting (cranes, boom trucks, excavators) <input type="checkbox"/> Drilling/borehole/excavations (sub-surface clearance, locates) <input type="checkbox"/> Digging of excavations/trenches > 1.2 m (4 ft) deep <input type="checkbox"/> Hot Work (in a potentially explosive atmosphere) <input type="checkbox"/> Tankfield Sump Entry <input type="checkbox"/> Vacuum Truck use
<input type="checkbox"/> Demolition <input type="checkbox"/> Underground tank removal/disposal/high vapours <input type="checkbox"/> Excavation <input type="checkbox"/> Activities in or near traffic areas <input type="checkbox"/> Concrete cutting / coring <input type="checkbox"/> Mobile heavy equipment activity (excavators, dump trucks, vacuum and hydrovac trucks) <input type="checkbox"/> Pile driving / Shoring	<input type="checkbox"/> Work affecting integrity of critical controls <input type="checkbox"/> Welding, cutting, grinding <input type="checkbox"/> Hydroblasting / sandblasting <input type="checkbox"/> Radiography / X-ray testing <input type="checkbox"/> Pressure testing <input type="checkbox"/> Other: _____ <hr style="width:100%;"/> (Includes clearing brush/trees, reactive chemical handling, working in proximity to deep water, etc.)		

Ensure that all hazards identified are addressed in JSA below

Sequence of Basic Job Steps <i>(Order in which the work will be carried out and brief details of how tasks will be performed)</i>	Potential Hazards <i>(Examples: underground services, hazardous zone area, impacted soil, overhead power lines, adjacent works, etc)</i>	Safety Controls to Reduce or Eliminate Hazard <i>(Describe the precautions that will be taken)</i>
1.		
2.		
3.		

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<i>of how tasks will be performed)</i>	<i>impacted soil, overhead power lines, adjacent works, etc)</i>	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Where necessary, insert additional pages to complete JSA

Tools / Equipment: *(List of tools/equipment to be used and their storage on site including ladders, steps, mobile scaffold, harness etc., if relevant to safety at the site)*

Personal Protective Equipment: *(Minimum requirement: safety shoes / hard hat / visi-vest / safety glasses / gloves fit for use)*

- Additional PPE:**
- Eye Protection (specify) _____
 - Hearing Protection _____
 - Fall Protection _____
 - Rubber footwear and gloves if in damp area _____
 - Portable Gas Monitor _____
- Other (e.g. fire retardant coveralls, breathing apparatus, etc.) _____

Outside Authorities: *(Any authorities who need to be advised including site operator)*

Disposal of designated substances, surplus or impacted materials: *(Disposal details, e.g. when, where to, how, etc)*

Consultant on site:

Prepared By: _____ Position: _____ Date: _____

Names of person(s) Carrying out work : _____ Signed: _____ Date: _____

JSA Approved By (Site Supervisor): _____ Signed: _____ Date: _____

**Note: For tasks/activities that extend beyond a single day
use attached DAILY RENEWAL form for review of JSA with current crew and weather.**

JSA - JOB SAFETY ANALYSIS - DAILY RENEWAL

(For JSA activities that extend beyond one day)

Date:	Weather:	
Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):		
Site Supervisor (Print & Sign):		
Participant name(s):		
Date:	Weather:	
Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):		
Site Supervisor (Print & Sign):		
Participant name(s):		
Date:	Weather:	
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