

## JOB SAFETY ANALYSIS FORM

*Post Completed Copy of This Form at Job Site*

***If still in effect after 7days, this JSA shall be reviewed and updated.***

Job Title:		Site Security: ➡	
Location:	Work Order #:	Contract Order #:	
Start Date	Completion Date:	Rally point:	
Company:	➡ Job Lead:	➡ Cell Phone:	
Bldg Coordinator:	➡ Location:	➡ Phone:	
Safety Resource:	➡ Phone:	➡ Cell Phone:	
Reviewed By:	➡ Phone:	➡ Cell Phone:	

### ***Scope of Work/Job Description***

*Attach Sketch or Diagram of Work if Required*

*(If at any time the scope of work changes, a new or revised Job Plan/STA is required.)*

### ***Specialty Tools and Equipment Required***

### ***General Conditions and Safety Review***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Contractor safety handbook available.   | <input type="checkbox"/> Respectful Work Environment | <input type="checkbox"/> Sub Contractors |
| <input type="checkbox"/> Incident Reporting/Injury Management  | <input type="checkbox"/> Hand Safety                 | <input type="checkbox"/> Hazcom/MSDS     |
| <input type="checkbox"/> Barricading Work Areas  | <input type="checkbox"/> Vehicular Safety            | <input type="checkbox"/> Ergonomics      |
| <input type="checkbox"/> Material Delivery   | <input type="checkbox"/> Ladders and Scaffolds       | <input type="checkbox"/> Housekeeping    |
| <input type="checkbox"/> Smoking   | <input type="checkbox"/> Spills                      |  |
| <input type="checkbox"/> Refrigerant certification records for HVAC technicians and SUVA awareness in mechanical rooms |  |  |
| <input type="checkbox"/> Other   |  |  |

## Job Safety Analysis - Page Two

### Personal Protective Equipment

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hard hat           | <input type="checkbox"/> Safety glasses  | <input type="checkbox"/> Gloves - Type:       |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fall protection | <input type="checkbox"/> Respirator - Type:   |
| <input type="checkbox"/> Goggles            | <input type="checkbox"/> Hot suit        | <input type="checkbox"/> Arc Flash Protection |
| <input type="checkbox"/> GFCI               | <input type="checkbox"/> Face shield     | <input type="checkbox"/> Cut-off box          |
| <input type="checkbox"/> Chemical suit      | <input type="checkbox"/> Tyvek® Suits    | <input type="checkbox"/> Welding & Burning    |
| <input type="checkbox"/> Electrical         | <input type="checkbox"/> Other:          |   |

<b>Hazards Identified</b>	<b>Hazard Elimination or Control</b>	<b>Details for Hazard Elimination/Control</b>
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- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Stored energy <input type="checkbox"/> Potential Energy<br><input type="checkbox"/> Chemical hazards<br><input type="checkbox"/> Utility interruption<br><input type="checkbox"/> Electrically Hazardous Task<br><input type="checkbox"/> Electrically Classified Area<br><input type="checkbox"/> Asbestos, NARF's, lead<br><input type="checkbox"/> Explosive Atmospheres<br><input type="checkbox"/> Respiratory irritants<br><input type="checkbox"/> Welding, Burning, Soldering, Dust<br><input type="checkbox"/> Confined space<br><input type="checkbox"/> Trenching, digging, saw cutting, penetrations<br><input type="checkbox"/> Contaminated equipment<br><input type="checkbox"/> Working on roofs<br><input type="checkbox"/> Rigging work, hoisting<br><input type="checkbox"/> Working in parking lots, roadways, etc.<br><input type="checkbox"/> Indoor Air Quality (Paint, Adhesives, Odors)<br><input type="checkbox"/> PSM, animal or food grade areas<br><input type="checkbox"/> Elevated Work<br><input type="checkbox"/> Potential to find Mercury<br><input type="checkbox"/> Work above ceilings<br><input type="checkbox"/> Slips, Trips and Falls<br><input type="checkbox"/> Spills<br><input type="checkbox"/> Other: | <input type="checkbox"/> Lock-out plan <input type="checkbox"/> Line break<br><input type="checkbox"/> Lock-out plan <input type="checkbox"/> Line break<br><input type="checkbox"/> Shut-down of building services<br><input type="checkbox"/> Limited <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited<br><input type="checkbox"/> Flame Permit <input type="checkbox"/> Air Monitoring<br><input type="checkbox"/> NESHAPS (DES)<br><input type="checkbox"/> Flame Permit <input type="checkbox"/> Air Monitoring<br><input type="checkbox"/> Respirators<br><input type="checkbox"/> Flame Permit <input type="checkbox"/> Life Safety Impairment<br><input type="checkbox"/> Permit Required <input type="checkbox"/> Non-Permit Required<br><br><input type="checkbox"/> Excavation permit <input type="checkbox"/> Shoring<br><input type="checkbox"/> Release Tag<br><input type="checkbox"/> Roof entry <input type="checkbox"/> Fall protection<br><input type="checkbox"/> Equip. inspect. <input type="checkbox"/> Lift plan<br><input type="checkbox"/> Containment <input type="checkbox"/> High Visibility Clothing<br><br><input type="checkbox"/> After Hours Work <input type="checkbox"/> Proper Ventilation<br><input type="checkbox"/> Orientation required <input type="checkbox"/> Special Training<br><input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Fall Prevention<br><input type="checkbox"/> Check Lab Drains<br><input type="checkbox"/> Hard Hats <input type="checkbox"/> Goggles<br><input type="checkbox"/> Good housekeeping<br><input type="checkbox"/> Report all Spills to Security |  |
|--|---|--|

### Applicable Permits & Procedures

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Lock, Tag, Clear and Try      | <input type="checkbox"/> Confined Space Entry                 | <input type="checkbox"/> Line Break        |
| <input type="checkbox"/> Work Permit                   | <input type="checkbox"/> Electrical Shutdown                  | <input type="checkbox"/> Flame Permit      |
| <input type="checkbox"/> Wall/Floor Penetration Permit | <input type="checkbox"/> Transfer of Equip. Proprietorship    | <input type="checkbox"/> Excavation Permit |
| <input type="checkbox"/> Decontamination of Equipment  | <input type="checkbox"/> Life Safety/Fire Protection Shutdown | <input type="checkbox"/> Change of Design  |

### Employees on the Job

*Everyone working within the scope of this JSA must read and sign here before starting work. Attach additional sheets if necessary.*

Name	Date	Name	Date	Name	Date
1)		4)		7)	
2)		5)		8)	
3)		6)		9)	