



JOB SAFETY ANALYSIS (J.S.A.)

DATE: _____ TIME: _____ FOREMAN / SUPERVISOR: _____

WEATHER CONDITIONS: _____ JOB SITE: _____

JOB DESCRIPTION: _____

REVIEW THE JOB SITE AND IDENTIFY ANY HAZARDS THAT MAY EXIST AND REVIEW THOSE HAZARDS WITH THE WORK CREW

PERMITS

- CONFINED SPACE TYPE: _____
- HOT WORK
- LOCKOUT / TAG OUT
- CLEARANCE PERMIT REQUIRED Y N
- CLEARANCE PERMIT ISSUED Y N

PERSONAL PROTECTIVE EQUIPMENT

- HARD HAT
- SAFETY GLASSES
- FACE SHIELD
- WELDING GOGGLES
- WELDING SHIELD
- STEEL TOE BOOTS
- GLOVES
- COVERALLS
- RESPIRATOR - TYPE: _____
- HEARING PROTECTION
- WELDING SLEEVES
- HEAT PROTECTION SUIT / CLOTHING
- OTHER: _____

TOOLS

- TOOLS INSPECTION / APPROVED
- PROPER TOOLS ARE AVAILABLE
- TOOLS ARE IN GOOD CONDITION
- TRAINING / QUALIFICATION NEEDED
- OTHER: _____

FIRE PROTECTION

- FIRE EXTINGUISHERS AVAILABLE
- FIRE WATCH / MONITOR NEEDED
- FIRE BLANKETS NEEDED
- COMBUSTIBLES / FLAMMABLES IDENTIFIED
- OTHER: _____

EMERGENCY EQUIPMENT & PLANNING

- EVACUATION ROUTE PLANNED
- REPORTING AREA DESIGNATED
- SAFETY SHOWER LOCATION
- EYE WASH LOCATION
- OTHER: _____

ELECTRICAL

- EQUIPMENT INSPECTED / APPROVED
- PROPER GROUND FAULT PROTECTION
- POWER SOURCE SEPARATION
- PROPER LIGHTING
- POWER SOURCE LOCKOUT / TAG OUT
- CABLE / WIRE / CORD ROUTING
- OTHER: _____

FALL PROTECTION

- SAFETY HARNESS
- PROPER ANCHORAGE POINTS
- LANYARDS
- LIFE LINES
- MAN BASKET
- RAILING / BARRIERS
- HOLE COVERS
- OTHER: _____

SCAFFOLDING / LADDERS

- INSPECTIONS / TAGS ARE CURRENT
- PROPER TYPE AVAILABLE
- DAMAGE / DEFECTS
- LADDERS TIED OFF
- ELECTRICAL CONTACT HAZARDS
- ACCESS
- SPECIAL PROVISIONS
- OTHER: _____

CRANE / LIFT EQUIPMENT

- PROPER TRAINING / QUALIFICATIONS
- PROPER EQUIPMENT AVAILABLE
- EQUIPMENT INSPECTED / APPROVED
- DAMAGE / MALFUNCTIONS
- PROPER MAINTENANCE PERFORMED
- SURFACE INTEGRITY VERIFIED
- OUTRIGGER PLACEMENT
- PERSONNEL LIFT PLATFORM
- CRITICAL LIFT PLAN WRITTEN
- OVERHEAD / RADIUS CLEARANCES
- ELECTRICAL CONTACT HAZARDS
- PROPER SIGNS / BARRICADES
- COMMUNICATION PROCEDURES
- LIFT / LOAD CHARTS VERIFIED
- TAG LINES USED
- LOAD SECUREMENT
- OTHER: _____

WELDING / BURNING

- EQUIPMENT INSPECTED / APPROVED
- COMBUSTIBLES IDENTIFIED
- USE OF WELDING SCREENS
- USE OF FIRE BLANKETS
- FIRE WATCH
- FIRE EXTINGUISHER LOCATION
- PROPER VENTILATION
- EQUIPMENT GROUNDED
- PROPER CLOTHING / PPE
- OTHER: _____

RIGGING

- PROPER TRAINING / QUALIFICATIONS
- PROPER EQUIPMENT AVAILABLE
- EQUIPMENT INSPECTED / APPROVED
- CHAIN FALL / COME ALONG CAPACITY
- SOFTENERS USED
- TAG LINES USED
- CORRECT TYPE OF RIGGING USED
- ELECTRICAL CONTACT HAZARDS
- BEAM / MONORAIL CAPACITY
- PROPER SIGNS / BARRICADES
- COMMUNICATION PROCEDURES
- FALL PROTECTION PROCEDURES
- OTHER: _____

EXCAVATION

- PROPER EQUIPMENT AVAILABLE
- PROPER TRAINING / QUALIFICATIONS
- SHORING REQUIRED
- PROPER SIGNS / BARRICADES
- PROPER ACCESS EGRESS
- INSPECTED BY COMPETENT PERSON
- OTHER: _____

CONFINED SPACE

- PROPER TRAINING / QUALIFICATIONS
- PERMIT / NON-PERMIT SPACE
- PERMIT PROCEDURES / FORMS
- AIR MONITORING / SAMPLING
- PROPER PPE REQUIREMENTS
- COMMUNICATION PROCEDURES
- PROPER SIGNS / BARRICADES / TAGS
- HOLE WATCH / ATTENDANT
- OTHER: _____

IDENTIFIED HAZARDS

- | | |
|---|--|
| <input type="checkbox"/> ASBESTOS | <input type="checkbox"/> LEAD |
| <input type="checkbox"/> ARSENIC | <input type="checkbox"/> FLAMMABLE |
| <input type="checkbox"/> DUST | <input type="checkbox"/> BURNS - SKIN |
| <input type="checkbox"/> SURFACE TEMP. | <input type="checkbox"/> BURNS - EYES |
| <input type="checkbox"/> HEAT STRESS | <input type="checkbox"/> SHOCK |
| <input type="checkbox"/> NOISE LEVEL | <input type="checkbox"/> ACCESS-EGRESS |
| <input type="checkbox"/> SHARP OBJECTS | <input type="checkbox"/> OVERHEAD WORK |
| <input type="checkbox"/> OTHERS IN AREA | <input type="checkbox"/> SLIP / TRIP |
| <input type="checkbox"/> HOUSEKEEPING | <input type="checkbox"/> PINCH POINTS |
| <input type="checkbox"/> BUMPS | <input type="checkbox"/> HANDRAILS |
| <input type="checkbox"/> FALLS | <input type="checkbox"/> HEAVY OBJECTS |
| <input type="checkbox"/> FLOOR OPENINGS | <input type="checkbox"/> POOR LIGHTING |
| <input type="checkbox"/> AIR DEPLETION | <input type="checkbox"/> MOVING EQUIP. |
| <input type="checkbox"/> FALLING DEBRIS | <input type="checkbox"/> X-RAY RADIATION |
| <input type="checkbox"/> OTHER: _____ | |

