

Job Safety Analysis

Project: _____ Analysis By: _____ Work Activity: _____

Subcontractor: _____ Date: _____ Competent Person: _____

MANDATORY PERSONAL PROTECTIVE EQUIPMENT: Hard hat, work boots, safety glasses, gloves

GENERAL NOTES:

Potential Hazards								
Check all hazards listed below that apply to this operation.								
	Yes	No		Yes	No		Yes	No
Aerial lifts required	<input type="checkbox"/>	<input type="checkbox"/>	Excavation, trenching, and shoring required	<input type="checkbox"/>	<input type="checkbox"/>	Leading edge work required	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos hazard	<input type="checkbox"/>	<input type="checkbox"/>	Energy source hazard (electrical, steam, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Lead work required	<input type="checkbox"/>	<input type="checkbox"/>
Blasting required	<input type="checkbox"/>	<input type="checkbox"/>	Fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding required	<input type="checkbox"/>	<input type="checkbox"/>
Concrete and masonry construction required	<input type="checkbox"/>	<input type="checkbox"/>	Heavy equipment used	<input type="checkbox"/>	<input type="checkbox"/>	Steel erection and assembly required	<input type="checkbox"/>	<input type="checkbox"/>
Confined space entry (attach permit)	<input type="checkbox"/>	<input type="checkbox"/>	High voltage work >600V	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Cranes, hoisting and rigging required (attach crane checklist)	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work required (Permit)	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Demolition required	<input type="checkbox"/>	<input type="checkbox"/>	Impalement hazards	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Job Safety Analysis:

Step	Work Task	Hazard	Controls
1			
2			
3			
4			
5			

JSA FIELD REVIEW RECORD – JSA CONTROL #:

Last Name	First Name	Signature	Date Reviewed