

JOB SAFETY ANALYSIS (JSA)

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

New
 Revised

In case of an accident, the following people will be contacted:
 Supervisor: _____
 Safety: **Daniel Urias (432) 634-1042**
 Other: **Nick Tomlin (432) 556-4299**

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

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/Fall
 _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"/> respiratory protections <input type="checkbox"/> hard hat <input type="checkbox"/> hearing protection <input type="checkbox"/> fall protection other _____		
Required Permits/ Safe Work Plans	<input type="checkbox"/> General SWP <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entr <input type="checkbox"/> Excavation and Trenching <input type="checkbox"/> Work in proximity to Overhead Conductors <input type="checkbox"/> N/A		
Gas Detection Equipment Needed	<input type="checkbox"/> H ₂ S monitor <input type="checkbox"/> LEL, <input type="checkbox"/> O ₂ , <input type="checkbox"/> H ₂ S, <input type="checkbox"/> Other _____		
List hazardous substances MSDS reviewed? Yes/No	_____		
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		
Environmental Conditions	Weather: _____	Terrain: _____	Wildlife: _____
Hazardous Energy Control	<input type="checkbox"/> LO/TO checklist <input type="checkbox"/> LO/TO devices in place <input type="checkbox"/> energy isolation verified <input type="checkbox"/> electrical <input type="checkbox"/> Stored Energy <input type="checkbox"/> hydraulic <input type="checkbox"/> pneumatic <input type="checkbox"/> mechanical <input type="checkbox"/> thermal <input type="checkbox"/> chemical <input type="checkbox"/> Line of Fire		
Tools And Equipment	<input type="checkbox"/> pre-use inspection complete <input type="checkbox"/> trained in use of tool/equipment Lis tools and equipment _____		



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



JSA Reviewed by:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

