

Job/Task: \_\_\_\_\_ Date: \_\_\_\_\_  
 Work Location: \_\_\_\_\_  
 Employee(s): \_\_\_\_\_

New  
 Revised

**In case of an incident, the following people will be contacted:**

Supervisor: \_\_\_\_\_  
 Safety: \_\_\_\_\_  
 Other: \_\_\_\_\_

- 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? \_\_\_\_\_  SSE \_\_\_\_\_  Mentor \_\_\_\_\_
- 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/Falls  
 \_ 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"/> cut resistant gloves <input type="checkbox"/> respiratory protection _____ <input type="checkbox"/> arm protection <input type="checkbox"/> hearing protection <input type="checkbox"/> fall protection <input type="checkbox"/> Other _____		
Required Permits/Safe Work Plans	<input type="checkbox"/> General SWP <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Excavation and Trenching <input type="checkbox"/> Lift Plan/Crane Ops <input type="checkbox"/> Work in proximity to Overhead Conductors <input type="checkbox"/> Simultaneous Operations		
Gas Detection Equipment Needed	<input type="checkbox"/> H <sub>2</sub> S monitor <input type="checkbox"/> LEL, O <sub>2</sub> , H <sub>2</sub> S, CO Monitor <input type="checkbox"/> Other _____		
List hazardous substances MSDS reviewed? <input type="checkbox"/> yes <input type="checkbox"/> n/a			
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 <input type="checkbox"/> establish meet and greet process <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		
Environmental Conditions	Weather: _____	Terrain: _____	Wildlife: _____
Hazardous Energy Control	<input type="checkbox"/> LO/TO checklist complete <input type="checkbox"/> LO/TO devices in place <input type="checkbox"/> energy isolation verified <input type="checkbox"/> Stored Energy _____ <input type="checkbox"/> electrical <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 List tools/equipment being used & Forms at Speedy Template <a href="http://www.SpeedyTemplate.com/">http://www.SpeedyTemplate.com/</a> _____		

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



JSA Reviewed by:

_____	_____	_____
_____	_____	_____
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