

Job Safety Analysis(JSA)

Date: _____ Time: _____ ☐ am ☐ pm Weather: _____

Location: _____

Work Activity (Job): _____

Division / Area: _____

JSA Written By: _____

JSA Reviewed by PIC: _____

911 Address Information: _____

Nearest Hospital: _____

PPE/ Equipment Required for the job

- | | |
|---|---|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> Safety Goggles/Glasses | <input type="checkbox"/> FRC |
| <input type="checkbox"/> Face Protection | <input type="checkbox"/> Gas Monitor |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Hand Protection | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Red Zone | <input type="checkbox"/> Ice Cleats |

Site or Task Specific Hazards

- | | |
|---|---|
| <input type="checkbox"/> H2S Site | <input type="checkbox"/> Work Overhead |
| <input type="checkbox"/> SIMOPs Occurring | <input type="checkbox"/> NORM contamination |
| <input type="checkbox"/> Environmental Sensitive Area | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High Wind | |
| <input type="checkbox"/> Low Visibility | |
| <input type="checkbox"/> Extreme Cold | |
| <input type="checkbox"/> Extreme Heat | |
| <input type="checkbox"/> Heavy Equipment On-site | |

Permits/checklist

- | |
|---|
| <input type="checkbox"/> Hot Work |
| <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> Lockout Tagout |
| <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Other _____ |











Potential Hazards from the Hazard Wheel (Check all that apply)

- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> MOTION | <input type="checkbox"/> NOISE | <input type="checkbox"/> CHEMICAL | <input type="checkbox"/> BIOLOGICAL | <input type="checkbox"/> RADIATION | <input type="checkbox"/> THERMAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> GRAVITY | <input type="checkbox"/> PRESSURE |

Personnel Involved in JSA (print name) Check SSE or Mentor if applicable

1	SSE <input type="checkbox"/>	2	SSE <input type="checkbox"/>	3	SSE <input type="checkbox"/>	4	SSE <input type="checkbox"/>
5	SSE <input type="checkbox"/>	6	SSE <input type="checkbox"/>	7	SSE <input type="checkbox"/>	8	SSE <input type="checkbox"/>
9	SSE <input type="checkbox"/>	10	Mentor <input type="checkbox"/>	11	Mentor <input type="checkbox"/>	12	Mentor <input type="checkbox"/>

Potential Rules to Live By (Check all that apply)

- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> WORKING AT HEIGHTS | <input type="checkbox"/> HAZARD RECOGNITION | <input type="checkbox"/> JOB SAFETY ANALYSIS | <input type="checkbox"/> DRIVING | <input type="checkbox"/> ENERGY ISOLATION | <input type="checkbox"/> TRENCHING & EXCAVATING | <input type="checkbox"/> HOT WORK | <input type="checkbox"/> CONFINED SPACE | <input type="checkbox"/> LIFTING & RIGGING | <input type="checkbox"/> STOP WORK AUTHORITY |

Job Safety Analysis(JSA)

#	Work Sequence Steps <i>(add periodic pauses)</i>	Potential Safety Hazards	Preventative Measures	Ownership
1				
2				
3				
4				
5				
6				
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