LINE >>> FINDERS®

JOB SAFETY ANALYSIS (JSA)

DATE: _____   TIME: _____

COMPANY: _____   SUPERVISOR: _____

JOB NAME: _____

LOCATION: _____

ONE CALL TICKET NUMBER(S): _____

DESCRIPTION OF WORK TO BE PERFORMED

EVALUATING THE WORK AREA (Circle Yes or No)

Have you walked the area?	☐ YES	☐ NO	Required PPE available for task?	☐ YES	☐ NO
Working around heavy equipment?	☐ YES	☐ NO	Required materials/tools provided?	☐ YES	☐ NO
Special training required for task?	☐ YES	☐ NO	Inspection on all tools/equipment?	☐ YES	☐ NO
MSDS review necessary for task?	☐ YES	☐ NO	Confined space entry required?	☐ YES	☐ NO
Air monitoring required?	☐ YES	☐ NO	Heavy vehicular traffic present?	☐ YES	☐ NO
Work permits required for task?	☐ YES	☐ NO	Assigned safety personnel required?	☐ YES	☐ NO
Excavator familiar with route(s)?	☐ YES	☐ NO	Any unaddressed safety concerns?	☐ YES	☐ NO

Emergency equipment such as fire extinguishers, first-aid, eyewash stations & phones identified?   ☐ YES   ☐ NO

If the work area is congested, has the work plan been coordinated with other personnel in the area?   ☐ YES   ☐ NO

POTENTIAL HAZARD CHECKLIST (Check if Applicable)

☐ Pinch Points	☐ Poor Housekeeping	☐ Manual Lifting	☐ High Stress	☐ Critical Lift
☐ Thermal Burns	☐ Inadequate Access	☐ Chemical Spill	☐ Sharp Objects	☐ Confined Space
☐ Particles in Eyes	☐ High Noise Levels	☐ Hazardous Chemical	☐ Radiation	☐ Line Breaking
☐ Elevated Work	☐ Falling Objects	☐ Heat Exhaustion	☐ Excavation	☐ Inhalation Hazard

☐ Electrical Shock   ☐ Plant Operations   ☐ Lock-out / Tag-out   ☐ Scaffolding   ☐ Chemical Burns

☐ Rigging   ☐ Fall from Elevation   ☐ Mobile Equipment   ☐ Ladders   ☐ Fire / Explosion

☐ Other: Specify: _____

REQUIRED ACTIONS TO ELIMINATE OR CONTROL HAZARDS

PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIRED

WORK CREW (Print & Sign)

Name: _____   Signature: _____

Name: _____   Signature: _____

Name: _____   Signature: _____

Name: _____   Signature: _____

Name: _____   Signature: _____

Name: _____   Signature: _____

Name: _____   Signature: _____

Name: _____   Signature: _____