

JOB SAFETY ANALYSIS FORM

JOB DESCRIPTION JOB # JSA #: DATE

LOCATION ☐ NEW ☐ REVISED

CUSTOMER PRIME CONTRACTOR: SUPERVISOR:

NEW JOB ☐ CHANGES TO JOB ☐ SHIFT START

REVIEWED MSDS (CHEMICALS) ☐ YES ☐ NO ☐ NA

TASKS	HAZARDS	RECOMMENDED CONTROLS	RANK		
			A	B	C
			A	B	C
			A	B	C
			A	B	C
			A	B	C
			A	B	C
			A	B	C

RANK: A Hazards: those that pose an imminent danger and require immediate correction. B Hazards: those that are not imminently dangerous but pose a significant hazard and must be corrected as soon as possible. C Hazards: those that are a low hazard, and should be addressed when time allows.

Local Fire: () Local Police: () Local Hospital: () Canutec: *666 (Canada only) from cell / (613) 992-4624 collect

MUSTER AREA ALARM SYSTEM STARS # http://www.stars.ca/bins/content_page.asp?cid=9

CHECK AND CONTROL ANY OF THE FOLLOWING: Write description above

PHYSICAL	<input type="checkbox"/> Slipping	<input type="checkbox"/> Tripping	<input type="checkbox"/> Falling	<input type="checkbox"/> Noise	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Cuts	<input type="checkbox"/> Burns
CHEMICAL	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Skin Contact	<input type="checkbox"/> Absorption	<input type="checkbox"/> Injection	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Dust/Mist/Fumes	<input type="checkbox"/> Confined Space
BIOLOGICAL	<input type="checkbox"/> Bloodborne Pathogen	<input type="checkbox"/> Animal Contact	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Viruses	<input type="checkbox"/> Mold	<input type="checkbox"/> Fungi	<input type="checkbox"/>
ERGONOMIC	<input type="checkbox"/> Repetition	<input type="checkbox"/> Vibration	<input type="checkbox"/> Awkward Posture	<input type="checkbox"/> Line Of Fire	<input type="checkbox"/> Twisting/Bending	<input type="checkbox"/> Eye Strain	<input type="checkbox"/> Over Exertion
ENVIRONMENTAL	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Extreme Temperatures	<input type="checkbox"/> Leaks/Spills	<input type="checkbox"/> Waste Disposal	<input type="checkbox"/> Congestion	<input type="checkbox"/> Weather	<input type="checkbox"/> Inadequate lighting
MECHANICAL	<input type="checkbox"/> Trapped Between	<input type="checkbox"/> Pinch Points	<input type="checkbox"/> Struck By	<input type="checkbox"/> Struck Against	<input type="checkbox"/> Moving Parts	<input type="checkbox"/> Rotating Parts	<input type="checkbox"/> Flying Apart
ENERGY SOURCES	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Thermal	<input type="checkbox"/> Electrical	<input type="checkbox"/> Stored Energy	<input type="checkbox"/> High Pressure
CAPABILITY BARRIERS	<input type="checkbox"/> Language	<input type="checkbox"/> Physical	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Mental	<input type="checkbox"/> Sensory	<input type="checkbox"/> Judgement	<input type="checkbox"/>

PPE REQUIRED TO DO THIS JOB:

<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Ankle Support Boots	<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Hard Hat
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Steel Toed Boots	<input type="checkbox"/> Rubber Gloves	<input type="checkbox"/> Reflective Vest
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Wet Conditions Footwear	<input type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Fall Protection Harness
<input type="checkbox"/> Welding Mask	<input type="checkbox"/> Ankle Support Footwear	<input type="checkbox"/> Flame Resistant Coveralls	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Goggles	<input type="checkbox"/> Ice Cleats	<input type="checkbox"/> Rubber Rain Suit	<input type="checkbox"/> Gas Monitor

EMERGENCY EQUIPMENT / SERVICES REQUIRED

<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Communication System
<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> On Site Medical
<input type="checkbox"/> Respirator	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> + Air Shut Off	<input type="checkbox"/> Eye Wash Station
<input type="checkbox"/> Atmospheric Testing	<input type="checkbox"/> Emergency Shower

SAFETY EQUIPMENT REQUIRED

<input type="checkbox"/> Barricades
<input type="checkbox"/> Pylons
<input type="checkbox"/> Reflective Triangles
<input type="checkbox"/> Warning Signs
<input type="checkbox"/> Flagging
<input type="checkbox"/> Tag Lines
<input type="checkbox"/> Tire Chains/ Tire Blocks
<input type="checkbox"/> Backup Alarms
<input type="checkbox"/> Towing

ADMINISTRATIVE CONTROLS

<input type="checkbox"/> Orientation	<input type="checkbox"/> Inspections	<input type="checkbox"/> ERP	<input type="checkbox"/> Safety Meeting
<input type="checkbox"/> Training Complete	<input type="checkbox"/> Check-In Service	<input type="checkbox"/> Procedures	<input type="checkbox"/> Clear Instructions
<input type="checkbox"/> Clear Instructions	<input type="checkbox"/> Permits	<input type="checkbox"/> 3 point contact	<input type="checkbox"/> Manufacturer's Instruct

Supervisor's Name: _____ Date: ____/____/____ Supervisor's Signature: _____