

STEP 1

Contractor Pre-Job Hazard Assessment

The Job Safety Analysis (JSA) is an important tool that works by finding hazards and eliminating or minimizing them before the job is performed and before they have a chance to become accidents. Use your JSA for job hazard awareness.

Contractor: _____ Completed by: _____ Foreman: _____
 Job Description/No.: _____ Date: _____ Time: _____

Verify that all workers understand their duties and responsibilities

<p>Permits *</p> <p><input type="checkbox"/> General Area Work Permit</p> <p><input type="checkbox"/> Line and Equipment Openings</p> <p><input type="checkbox"/> Hot Work</p> <p><input type="checkbox"/> Work on De-energized Electrical Circuits</p> <p><input type="checkbox"/> Closeout</p> <p>Personal Protective Equipment</p> <p><input type="checkbox"/> Gloves - Type: _____</p> <p><input type="checkbox"/> Fire Retardant Clothing</p> <p><input type="checkbox"/> Add'l Foot Prot.: _____</p> <p><input type="checkbox"/> Slicker Suit</p> <p><input type="checkbox"/> Face Shield</p> <p><input type="checkbox"/> Respirator: Type _____</p> <p><input type="checkbox"/> Hearing Protection/Double _____</p> <p><input type="checkbox"/> Fall Protection</p> <p><input type="checkbox"/> Seat Belts</p> <p><input type="checkbox"/> Burning Goggles</p> <p><input type="checkbox"/> Welding Shield</p> <p><input type="checkbox"/> Other _____</p> <p>Tools</p> <p><input type="checkbox"/> Current Inspection</p> <p><input type="checkbox"/> Proper Tools for the Job</p> <p><input type="checkbox"/> Good Tool Condition / Not Modified</p> <p><input type="checkbox"/> Qualification Required</p> <p><input type="checkbox"/> Other _____</p> <p>Emergency Info/Equipment Location</p> <p><input type="checkbox"/> Fire Monitors</p> <p><input type="checkbox"/> Fire Extinguishers</p> <p><input type="checkbox"/> Safety Shower / Intercom</p> <p><input type="checkbox"/> Evacuation Route / Assembly Point</p> <p><input type="checkbox"/> Wind Direction _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Welding</p> <p><input type="checkbox"/> Welding Leads in Good Condition</p> <p><input type="checkbox"/> Combustibles Removed / Protected</p> <p><input type="checkbox"/> Welding Screens</p> <p><input type="checkbox"/> Grounding</p> <p><input type="checkbox"/> Water Hose</p> <p><input type="checkbox"/> Fire Blanket</p> <p><input type="checkbox"/> Fire Watch</p> <p><input type="checkbox"/> Sewer Covers</p> <p><input type="checkbox"/> Other _____</p> <p>Electrical Dangers & Preventions</p> <p><input type="checkbox"/> Locked & Tagged</p> <p><input type="checkbox"/> Try Start/Stop Switch</p> <p><input type="checkbox"/> GFCI Test</p> <p><input type="checkbox"/> Assured Grounding / Inspection</p> <p><input type="checkbox"/> Extension Cord Inspection</p> <p><input type="checkbox"/> Other _____</p> <p>Lifting</p> <p><input type="checkbox"/> Motorized Equip.: _____</p> <p><input type="checkbox"/> Properly Inspected</p> <p><input type="checkbox"/> Manual Lifting Equip.: _____</p> <p><input type="checkbox"/> Properly Inspected</p> <p><input type="checkbox"/> Proper Rigging Practices</p> <p><input type="checkbox"/> Manual Lifting</p> <p><input type="checkbox"/> Written Critical Lift Plan</p> <p><input type="checkbox"/> Certified Equipment Operator</p> <p>Elevated Work</p> <p><input type="checkbox"/> Scaffolding (Properly Inspected _____)</p> <p><input type="checkbox"/> Ladder (Tied Off _____)</p> <p><input type="checkbox"/> Aerial Lift</p> <p><input type="checkbox"/> Anchor Point Acceptable / Located</p> <p>Excavations</p> <p><input type="checkbox"/> Inspected by Competent Person</p> <p><input type="checkbox"/> Confined Space Permit Required</p> <p><input type="checkbox"/> Shoring Required</p> <p><input type="checkbox"/> Properly Barricaded</p> <p><input type="checkbox"/> Underground Objects Identified</p> <p><input type="checkbox"/> Proper Access/Egress</p>	<p>Hazards (Chemical)</p> <p><input type="checkbox"/> Chemical Burns-Skin/Eyes</p> <p><input type="checkbox"/> Flammable</p> <p><input type="checkbox"/> Ingestion</p> <p><input type="checkbox"/> Inhalation</p> <p><input type="checkbox"/> Skin Contamination</p> <p><input type="checkbox"/> Other _____</p> <p>Hazards (Body)</p> <p><input type="checkbox"/> Fall Potential</p> <p><input type="checkbox"/> Pinch Points</p> <p><input type="checkbox"/> Slip-Trip Potential</p> <p><input type="checkbox"/> Awkward Body Position/Line of Fire</p> <p><input type="checkbox"/> Other _____</p> <p>Hazards (Environmental)</p> <p><input type="checkbox"/> Airborne Particulates</p> <p><input type="checkbox"/> Electrical Shock</p> <p><input type="checkbox"/> Heat Stress</p> <p><input type="checkbox"/> Heavy Objects</p> <p><input type="checkbox"/> Hot, Cold Surfaces or Materials</p> <p><input type="checkbox"/> Inadequate Lighting</p> <p><input type="checkbox"/> First Opening of Equipment</p> <p><input type="checkbox"/> Blinds Installed</p> <p><input type="checkbox"/> Valves Blocked</p> <p><input type="checkbox"/> Line or Equipment Cleared</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Poor Access/Egress</p> <p><input type="checkbox"/> Sharp Objects</p> <p><input type="checkbox"/> Other _____</p> <p>Other/Miscellaneous</p> <p><input type="checkbox"/> Barricades</p> <p><input type="checkbox"/> Signs</p> <p><input type="checkbox"/> Hole Cover</p> <p><input type="checkbox"/> Handrail</p> <p><input type="checkbox"/> Overhead Work</p> <p><input type="checkbox"/> Other Crews Working in Area</p> <p><input type="checkbox"/> Procedures</p> <p><input type="checkbox"/> Other _____</p>
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Are all team members aware of any special procedures? (eg: demo procedures, testing, (HHA) high hazard analysis, etc.) Yes _____ No _____

Is a joint jobsite visit required? Yes _____ No _____ When _____

Confined Space Entry? Yes _____ No _____

Has the equipment been isolated, drained, and positively identified? Yes _____ No _____

Applicable Company Policies in Effect? Yes _____ No _____ Identify: _____

Employee Comments:

**Emergencies
call: 911**

*Make sure team members have read and understand the requirements of the permit.