

# Job Safety Analysis Form

***INote: This JSA is valid only for the work, date, and time specified. This JSA shall be posted at the work site during the work activity. If the terms noted change, work must be stopped and the JSA reissued. Fire and/or Emergency Alarm automatically invalidate the JSA. When the work is completed or the JSA expires, return the JSA to the Project Manager marked "Complete".***

Project Name and Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Supervision: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Expiration Time: \_\_\_\_\_  
Crew Names: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

Name of Standby Person (if required): \_\_\_\_\_ Name of Fire Watch (if required): \_\_\_\_\_  
Competent Persons (if required): \_\_\_\_\_

**A. Atmosphere Monitoring Required:**  Yes  No  N/A  
If Yes, how often? \_\_\_\_\_  
Comb. Gas / Flamm. Vapor Test Reading: \_\_\_\_\_  
Oxygen Concentration Reading: \_\_\_\_\_  
Hazardous / Toxic Gas Test Reading: \_\_\_\_\_

**B. Emergency Assembly Point:**  
Primary: \_\_\_\_\_  
Secondary: \_\_\_\_\_  
Wind Direction: \_\_\_\_\_

**C. Safety Checklist Requirements:** (See Page 2 for items checked below.)

Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excavation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Equipment Locations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazards (body)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pipeline	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazards (environmental)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment / Lifting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overhead Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Process / Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Protective equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stand-By Person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welding / Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. Permits Required (displayed and properly signed):**  
Unit Work  Yes  No Excavation  Yes  No  
Lockout / Tagout  Yes  No Confined Space  Yes  No  
Line Breaking  Yes  No Hot Work  Yes  No  
Other (specify): \_\_\_\_\_

**E. Work Plan / Order of Work / Assignments: Safest Plan?** \_\_\_\_\_

**F. Training:** \_\_\_\_\_

**G. Potential Hazards:** \_\_\_\_\_

\_\_\_\_\_

**H. Actions Taken to Eliminate Hazards:** \_\_\_\_\_

\_\_\_\_\_

**I. Tools, Materials, and Safety Equipment Required:** \_\_\_\_\_

\_\_\_\_\_

**J. Other Special Precautions:** \_\_\_\_\_

**K. Signatures showing acceptance of this safe job plan:**  
Foreman: \_\_\_\_\_

Crew: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_