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|  | **Jobs Safety Analysis****(JSA)** | Date :             |
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| JOB/ACTIVITY NAME:  | JSA #: |
| DEPARTMENT/GROUP NAME | BLDG/AREA LOCATION(s): | OTHER INFORMATION: |
| REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB [ ]  safety glasses [ ]  safety shoes [ ]  chemical resistant gloves [ ]  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      [ ]  other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]  chemical goggles [ ]  hard hat [ ]  welding gloves  [ ]  face shield [ ]  harness lanyard [ ]  leather gloves [ ] other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  welding goggles [ ]  hearing protection  |

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| Basic Steps | Potential Hazards | Controls |
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## I understand & will adhere to the steps, hazards & controls as described in this JSA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards are introduced. I understand I have the authority and responsibility to stop work I believe to be unsafe.

Worker Name (please print) Signature Date

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***I have reviewed the steps, hazards & controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are qualified (i.e. licensed or certified, as appropriate, & in full compliance with SLAC training requirements) to perform this activity.***

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Supervisor Signature Date

***I have communicated area hazards with the supervisor or listed worker(s) for this activity and have coordinated the described activity with affected occupants. The above listed workers are released to perform described scope of work in the following area(s):***

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Area or Building Manager Signature Date