

JOB SAFETY ANALYSIS



Examine each step carefully to find and identify the hazards or potential dangers that could lead to injury, illness or damage.

REMEMBER:

Each JSA must be site specific.

Include all workers in the development of this JSA.

USE THE REFERENCE GUIDE ON THE BACK PAGE TO HELP YOU IDENTIFY THE HAZARDS.

JOB / ACTIVITY NAME	JSA # PROJ-	DATE	2016
	INCIDENT REPORTING		
LOCATION	Supervisor	Name	
		Number	
	HSE Officer	Name	
		Number	
HSE REVIEW / AUDIT			

Step #	Job Step	Potential Hazards	Mitigation Strategy
1	Mobilisation	Slips trips and falls Damaged or unsuitable tool and equipment Miscommunication Object dropped on feet Access though active factory Sym-ops/production near by	Good house keeping practices Inspection and proper training Tool box meeting Safety boot / proper handling PPE and awareness of environment Proper communications and awareness of environment
2			Proper communication hand safety procedures line of fire observance Protective gloves
3			



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JSA # PROJ-	DATE	2016
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ADDITIONAL PPE REQUIRED	<input checked="" type="checkbox"/> SAFETY GLASSES <input type="checkbox"/> GOGGLES <input type="checkbox"/> HARD HAT <input checked="" type="checkbox"/> SAFETY BOOTS <input type="checkbox"/> DUST MASK	<input type="checkbox"/> SURGICAL GLOVES <input checked="" type="checkbox"/> WORK GLOVES <input type="checkbox"/> LEATHER GLOVES <input type="checkbox"/> CHEMICAL GLOVES <input type="checkbox"/> WELDING GLOVES	<input checked="" type="checkbox"/> HEARING PROTECTION <input type="checkbox"/> FALL PROTECTION <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> WELDING MASK <input type="checkbox"/> RESPIRATOR	<input type="checkbox"/> HI-VIS VEST <input type="checkbox"/> RUBBER BOOTS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____			
PERMITS	<input type="checkbox"/> SAFE WORK PLAN	<input type="checkbox"/> HOT WORK PERMIT	<input type="checkbox"/> CONFINED SPACE ENTRY	<input type="checkbox"/> SYM-OPS			
SITE CONTROL	<input type="checkbox"/> BARRICADES	<input type="checkbox"/> WARNING SIGNAGE	<input type="checkbox"/> CAUTION TAPE	<input type="checkbox"/> ANNOUNCEMENTS			
ENVIRONMENTAL CONDITIONS	WEATHER <input type="checkbox"/> SUN <input type="checkbox"/> HEAT	<input type="checkbox"/> RAIN <input type="checkbox"/> WET	<input type="checkbox"/> WIND <input type="checkbox"/> COLD	<input type="checkbox"/> TERRAIN <input type="checkbox"/> WILDLIFE	<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT		
HAZARDOUS ENERGY CONTROL	<input type="checkbox"/> LOTO CHECKLIST COMPLETE	<input type="checkbox"/> LOTO DEVICES IN PLACE	<input type="checkbox"/> ENERGY ISOLATION VERIFIED	<input type="checkbox"/> LINE OF FIRE			
	STORED ENERGY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> HYDRAULIC	<input type="checkbox"/> PNEUMATIC	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> THERMAL	<input type="checkbox"/> CHEMICAL
HAZARDOUS SUBSTANCES	NAME OF HAZARDOUS SUBSTANCE _____		<input type="checkbox"/> MSDS ATTACHED	<input type="checkbox"/> MSDS REVIEWED			
	NAME OF HAZARDOUS SUBSTANCE _____		<input type="checkbox"/> MSDS ATTACHED	<input type="checkbox"/> MSDS REVIEWED			
	NAME OF HAZARDOUS SUBSTANCE _____		<input type="checkbox"/> MSDS ATTACHED	<input type="checkbox"/> MSDS REVIEWED			
	NAME OF HAZARDOUS SUBSTANCE _____		<input type="checkbox"/> MSDS ATTACHED	<input type="checkbox"/> MSDS REVIEWED			
	NAME OF HAZARDOUS SUBSTANCE _____		<input type="checkbox"/> MSDS ATTACHED	<input type="checkbox"/> MSDS REVIEWED			
TOOLS AND EQUIPMENT	<input type="checkbox"/> PRE-USE INSPECTION COMPLETE		<input type="checkbox"/> TRAINED IN USE OF TOOL / EQUIPMENT				
	TOOL LIST						
						
						
						
						
						



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REFERENCE SHEET

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HAZARDS

Chemical by Inhalation / Skin contact / Absorption / Injection / Ingestion

Biological by Blood borne pathogens / Mold / Plant / Insect / Animal

Physical by Electrical / Fire / Explosion / Noise radiation / Thermal stress / Pinch points / Line of fire / Slip, trip and falls / Strike against / struck by

Ergonomic by Repetition / Forceful exertion / Awkward posture / Contact stress / Vibration / Work areas design

The JSA is only valid for the day authorized,
and for the personnel who have read and signed it.

LOTO STORED ENERGY

Electrical Capacitors

Hydraulic Accumulators / Weight on a piston

Pneumatic Receiver tanks / Air lines / Pistons / Manifolds

Mechanical Potential Energy / Springs

Thermal

Chemical Exothermic Reactions / Endothermic Reactions

Line of Fire

Lock-out devices should only be removed by the person who applied them.

LOCKOUT SAFETY TIPS

1. LOCATE and IDENTIFY power sources, potential hazards and all control devices.
2. NOTIFY all employees involved.
3. TURN-OFF all power sources.
4. ISOLATE all power sources and de-energise or block all stored energy (spring, hydraulic, charged capacitors, pneumatic, etc.)
5. LOCK-OUT all switches and controls in The "OFF" or "SAFE" position.
6. TEST to ensure that all energy is off or blocked out.
7. PERFORM necessary work.
8. REMOVE lockout devices when finished And notify all affected employees. Lock-out devices should only be removed by the employees who applied them.

**ALWAYS FOLLOW YOUR EMPLOYER'S
WRITTEN PROCEDURES**