

# Company Job Safety Analysis Program (JSA Checklist)

## Scope

This procedure establishes requirements for use of the Job Safety Analysis checklist (JSA). The JSA checklist shall be completed prior to initiation of all specific jobs or tasks. This JSA program is the Job Hazard Analysis method chosen to help ensure total craft safety on the job site and is critical to all construction activities. All Supervisors are required to ensure implementation of this program.

## Use

This checklist will be used to evaluate the safety procedures applicable to the work to be performed and to the work area where it is to be accomplished to ensure the safety and health of all personnel.

## Responsibility

*Project Site Safety Coordinator, Project Manager, Superintendent or Senior Lead* will be responsible for the administration of the Job Safety Analysis Program. This includes 1) providing the JSA checklist forms. 2) Conducting weekly inspections of the fieldwork to review correct use of the checklist. 3) Ensuring corrective actions are identified and corrected by appropriate supervisors. 4) Review of the checklist filings during any OWNER / CLIENT safety audits.

*Crew Leads* are responsible for 1) Completion and review of the JSA checklist with their craft personnel before any work activities. 2) Complying with applicable elements identified in the checklist. 3) Identifying and correcting or reporting safety and health deficiencies for correction to their supervisor. 4) Contacting the Safety Coordinator, (if project supports an on site safety), for assistance in resolving safety and health issues. 5) Crew Leads will post the SPTA checklist at the work area and be responsible for returning the checklist when the job is complete.

*Craft Personnel* are responsible for helping their Crew Leads review the job or task specific work areas, applicable safety procedures and permits, inspection of tools and equipment required for the work, and identify and correct safety and health related items prior to the start of work activities. When conditions change which affect the safety and health of the craft workers or other personnel in the immediate area, the craft personnel shall notify their crew lead or supervisor and will initiate temporary corrective actions within their job scope.

## Implementation

- All site personnel shall be trained in the Job Safety Analysis (JSA) checklist program during the site orientation program.
- Job Safety Analysis (JSA) checklist shall be used and filled out at the beginning of the shift for every job or task, any new task started during the shift, or change of scope of job or task being performed.
- The JSA checklist Form/Procedure will be made available to each new Project Site by the Safety Department.
- The Site Safety Coordinator, Project Manager, Superintendent or Senior Crew Lead will issue the JSA checklist to their designated supervisor who represents a craft or crew prior to conduction of planned work.
- The Craft/Crew Lead shall check off all applicable items on the checklist and review it with the craft crew.
- After the craft crew performing the job or task has agreed the work area and planned activity are safe for initiating work; then, the craft lead will sign the checklist. This signifies that the craft lead and the crew personnel understand the work to be done and that the work can be done safely.
- When the assigned job or task is completed, the craft lead shall return it to the Safety Coordinator, Superintendent or Senior Site Management.
- The completed JSA form shall then be reviewed by the Safety Coordinator or Senior Site Management, verifying the checklist is complete and a file is maintained.

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## **Evaluation**

The Safety Department will conduct evaluation of the Job Safety Analysis checklist program at least monthly during the project. The following will be audited:

- Availability of JSA checklist forms.
- Awareness of the program by employees and supervisors.
- Completion of employee training to use the checklist.
- Full completion of all elements of the checklist as pertains to work scope, safety procedures, and permits.
- Whether the Superintendent and Crew Leads/Supervisors have taken action as necessary to complete corrective actions identified during the use of the checklist.
- Whether the checklist are reviewed and filed in the site management office Safety Department.

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**Crew Leads:**

**Pre-check Work Area / Is housekeeping needed before any work begins:**      YES \_\_\_ No \_\_\_

PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	N/A	PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	N/A
Hard Hat / Safety Glasses w/ SS				Chemical protective clothing in use			
Gloves				Escape Respirator			
Hearing Protection				Respiratory protection identified / in use			
Face Shield / Mono-goggles				Welding Hood / Burning Goggles			
Eye wash station located				Welding Blinds			
Metatarsal Foot Protectors required				Safety Harness (100 %)			
Rubber Boots				Beamers / Beam Straps			

PERMITS / REQUIRED / POSTED	YES	NO	N/A	PERMITS / REQUIRED / POSTED	YES	NO	N/A
Job Safety Analysis				Excavation / Inspected by competent person			
Hot Work (Welding - Burning / flame / spark )				Scaffolds			
Confined Space Entry				Critical Lifts / field review before lift			
Opening Dangerous Systems (line breaking)				Personnel Man baskets			

ENERGIZED EQUIPMENT	YES	NO	N/A	ENERGIZED EQUIPMENT	YES	NO	N/A
Lock, Tag, Try Procedure in use				Assured Grounding Color Code			
Simple lockout				GFCI in use (test)			
Complex lockout (list)				Tools inspected			
Lock box used (responsible person)				Cords / leads elevated			
Equipment Locks used				Welding lead boots on machine connections			
Electrical Bonding / ground Leads connected				Air hoses secured			

CHEMICAL HAZARDS	YES	NO	N/A	CHEMICAL HAZARDS	YES	NO	N/A
Exclusion Zone access / egress / deacon				MSDS Reviewed			
Additional PPE required / in use				Nearest Emergency Shower Located			
Personal Monitoring required / in use				Nearest eyewash station located			
Area Monitoring required / in use				Telephone / gaitronics / radio located			
Monitoring results noted on permits / logs				Evacuation Alarms / Route known			

FIRE PROTECTION	YES	NO	N/A	FIRE PROTECTION	YES	NO	N/A
Competent person identified				Combustibles removed / protected			
Fire-watch identified				Fire Blankets used			
Charged inspected Fire Extinguisher				Sewers protected w/ blankets / sand bags			
Charged Water Hose in place				Compressed gas cylinder carts / transport			
Regulator flame arrestors / check valves / torch and hose inspected.				Compressed gas cylinders capped /stored / secured			

BARRICADES / TAGGING / SIGNS	YES	NO	N/A	BARRICADES / TAGGING / SIGNS	YES	NO	N/A
Caution (Yellow)				Signs in place			
Danger (RED)				Floor Openings Protected / signs			
Fixed Barricade Required				Overhead work areas barricaded			
All access points tapped				Excavation barricades (lighted @ night)			

MATERIAL HANDLING	YES	NO	N/A	MATERIAL HANDLING	YES	NO	N/A
Hand truck or mechanical lifting device				Rigging Inspected / documented			
Operator qualified / documented				Fork lift used / inspected			
Crane required / in use				Material -Basket Lift used			
Crane Inspection / documented				Barrel / drum handlers available			
Crane critical lift procedure				Air tigger / chain fall / come-a-long			

WORK PLATFORMS	YES	NO	N/A	WORK PLATFORMS	YES	NO	N/A
Existing Platforms (inspected)				Access / egress – excavations			
Ladders				Rat Lines installed / adequate			
Stairwells / landings				Housekeeping on platforms			
Scaffolds (inspected / tagged)				Man lift (JLG's, scissors, ect.			

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Date: \_\_\_\_\_ Crew: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job/Task Description: \_\_\_\_\_

Job/Task Location: \_\_\_\_\_

Pre-Job/task Unsafe Conditions Identified	Corrective Action Taken	Completed	
		Yes	No

Instruction / Remarks to Crew

Crew Sign-in Log Verifying Understanding of Work Scope			
Name	ID/Badge #	Name	ID/Badge #

Post Job/Task Follow-up			
Locks removed		Equipment / materials secured	
Open Holes secured		Hot work areas observed	
Materials removed		Area clean	
Access / egress open		No hazards left by work	
Barricades removed or secured		Injuries (if any) reported	

Crew / Craft Lead: \_\_\_\_\_ Date: \_\_\_\_\_