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A new JSA is required if the job scope or work conditions change.

Required Permits	Hazards	Safe Plan
<input type="checkbox"/> Confined Space <input type="checkbox"/> Critical Lift <input type="checkbox"/> Hot Work <input type="checkbox"/> Lock Out/Tag Out <input type="checkbox"/> Soil Disturbance (over 6") <input type="checkbox"/> Utility Clearance <b>Required PPE</b> <input type="checkbox"/> Hard Hat, Class C <input type="checkbox"/> Hard Hat, Class E (Elect. Protect) <input type="checkbox"/> Ear Plugs/Ear Muffs <b>Eye Protection:</b> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Face Shield <input type="checkbox"/> Chemical Goggles <input type="checkbox"/> Welding Hood <b>Hand Protection:</b> <input type="checkbox"/> Cut Resistance Gloves <input type="checkbox"/> Welders' Gloves <input type="checkbox"/> Nitrile Gloves <input type="checkbox"/> Surgical Gloves <input type="checkbox"/> Rubber Gloves <input type="checkbox"/> Elect. Insulated Gloves <input type="checkbox"/> Arm Sleeves <b>Foot Protection</b> <input type="checkbox"/> Study work boots <input type="checkbox"/> Safety Toe Boots <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Rubber Boot Covers <input type="checkbox"/> Dielectric Footwear <b>Respiratory Protection:</b> <input type="checkbox"/> Dust Mask <input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplies Air Respirator <input type="checkbox"/> SCBA <input type="checkbox"/> Emergency Escape Respirator <b>Special Clothing</b> <input type="checkbox"/> Tyvek® <input type="checkbox"/> Poly Coated Tyvek® <input type="checkbox"/> Fire Resist. Coveralls/Arc Flash Suit <input type="checkbox"/> Safety Vest <b>Fall Protection:</b> <input type="checkbox"/> Harness <input type="checkbox"/> Double Lanyard Required <input type="checkbox"/> Anchorage Point Available <input type="checkbox"/> Additional Anchorage Connector Needed e.g. Cross Arm Strap, Etc. <input type="checkbox"/> Retractable Device Needed <input type="checkbox"/> Horizontal Life Line System Req'd <input type="checkbox"/> Fall Clearance Distance Adequate <input type="checkbox"/> Fall Rescue/Retrieval Plan Set Up	<input type="checkbox"/> Overhead Utilities <input type="checkbox"/> Crane or other Lifting Equipment <input type="checkbox"/> Bucket Truck <input type="checkbox"/> Underground <input type="checkbox"/> Electrical <input type="checkbox"/> Radiation <input type="checkbox"/> Fire Hazard <input type="checkbox"/> Vehicular Traffic or Heavy Equipment <input type="checkbox"/> Noise >85 dB <input type="checkbox"/> Hand & Power Tools <input type="checkbox"/> Hand Hazards <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolds <input type="checkbox"/> Slips, Trips, Falls <input type="checkbox"/> Pinch Points <input type="checkbox"/> Working w/Chemicals <input type="checkbox"/> Asbestos or Lead Paint Potential <input type="checkbox"/> Heat Stress Potential <input type="checkbox"/> Cold Stress Potential <input type="checkbox"/> Environmental <input type="checkbox"/> Natural or Site Hazards <input type="checkbox"/> Adjacent Work/Processes <input type="checkbox"/> Barricades/Covers	<input type="checkbox"/> Power de-energization required <input type="checkbox"/> Insulation blankets (required) <input type="checkbox"/> Wire watcher required <input type="checkbox"/> Required clearance distance = _____ ft. <input type="checkbox"/> Safe work zone marked <input type="checkbox"/> Signalman assigned <input type="checkbox"/> Tag lines in use <input type="checkbox"/> Area around crane barricaded <input type="checkbox"/> Lifting equipment inspected <input type="checkbox"/> Personal protected from overhead load <input type="checkbox"/> Bucket truck inspected <input type="checkbox"/> Reviewed as-built <input type="checkbox"/> Subsurface surveys <input type="checkbox"/> Received dig permit <input type="checkbox"/> Required clearance distance = _____ ft <input type="checkbox"/> Safe work zone Marked <input type="checkbox"/> Lock Out/Tag Out/Try Out <input type="checkbox"/> Permit required? <input type="checkbox"/> Confirm that equipment is de-energized <input type="checkbox"/> Reviewed electrical safety procedures <input type="checkbox"/> Permits inspected prior to entering <input type="checkbox"/> Proper sloping/shoring <input type="checkbox"/> Barricades provided <input type="checkbox"/> Access/egress provided <input type="checkbox"/> Protection from accumulated water <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Fire Watch <input type="checkbox"/> Adjacent area protected <input type="checkbox"/> Unnecessary flammable materials removed <input type="checkbox"/> Traffic Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Flagmen <input type="checkbox"/> Lane Closure <input type="checkbox"/> Communication with equipment operator Hearing Protection is required: <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Both <input type="checkbox"/> Inspect general cond. <input type="checkbox"/> GFCI in use <input type="checkbox"/> Identified PPE required for each tool Reviewed safety requirements in operators manual(s) <input type="checkbox"/> Guarding OK List sharp tools, material, equipment: _____ <input type="checkbox"/> PPE gloves, etc. <input type="checkbox"/> Protected sharp edges as necessary <input type="checkbox"/> Reviewed proper lifting tech. <input type="checkbox"/> Identified material requiring lifting equipment <input type="checkbox"/> Hand protection required <input type="checkbox"/> Back support belts <input type="checkbox"/> Ladder in good condition before use <input type="checkbox"/> Ladder inspected within last quarter <input type="checkbox"/> Ladder set off or held <input type="checkbox"/> Proper angle and replacement <input type="checkbox"/> Reviewed ladder safety <input type="checkbox"/> Inspect general condition before use <input type="checkbox"/> Tags in place <input type="checkbox"/> Properly secured <input type="checkbox"/> Boards adequate <input type="checkbox"/> Materials properly stored on scaffold <input type="checkbox"/> Inspect for hazards marked <input type="checkbox"/> Tools & material properly stored Extended work zones properly secured <input type="checkbox"/> Work zone free of debris List potential pinch points: _____ <input type="checkbox"/> Working near open pits <input type="checkbox"/> Working near open excavations List specific chemicals allowed and their hazards and precaution on front side <input type="checkbox"/> Reviewed MSDS <input type="checkbox"/> Exposure monitoring required <input type="checkbox"/> Identified proper PPE (respiratory, clothing, gloves, etc.) <input type="checkbox"/> Areas to be worked may contain asbestos or lead paint <input type="checkbox"/> Asbestos controls incorporated <input type="checkbox"/> Lead based paint control plan in place <input type="checkbox"/> Exposure monitoring conducted <input type="checkbox"/> Heat stress monitor (85° F) <input type="checkbox"/> Liquids available <input type="checkbox"/> Sun Screen <input type="checkbox"/> Reviewed Heat Stress symptoms <input type="checkbox"/> Wind chill <-30° F <input type="checkbox"/> Proper clothing (i.e. gloves, hat, coveralls) <input type="checkbox"/> Warm clothes <input type="checkbox"/> Reviewed Cold Stress Symptoms <input type="checkbox"/> Warm clothes <input type="checkbox"/> Air emissions <input type="checkbox"/> Water discharge <input type="checkbox"/> Air quality <input type="checkbox"/> Pollution prevention <input type="checkbox"/> Waste mitigation <input type="checkbox"/> Weather <input type="checkbox"/> Terrain <input type="checkbox"/> Adjacent operations or process <input type="checkbox"/> Biological hazards <input type="checkbox"/> Animals/reptiles/insects hazards <input type="checkbox"/> Notified them of our presence <input type="checkbox"/> Other workers adjacent, above, or below <input type="checkbox"/> Coordinated with adjacent supervisor/customer/operator <input type="checkbox"/> Need barriers between <input type="checkbox"/> Caution barricade tape required <input type="checkbox"/> Danger barricade tape required <input type="checkbox"/> Rigid railing required <input type="checkbox"/> Covers over opening <input type="checkbox"/> Warning signs required
		Additional Information

