

JOB SAFETY ANALYSIS (JSA) TEMPLATE

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Provided by support.construction

JOB INFORMATION

Project Name: _____

Project Number: _____

JSA Number: _____

Date Prepared: _____

Prepared By: _____

Job/Task Description: _____

_____ :

Location/Area: _____

Estimated Duration: _____

Number of Workers: _____

Subcontractor (if applicable): _____

Weather Conditions: _____

RISK ASSESSMENT MATRIX (Use for rating each hazard below)

SEVERITY (S):

PROBABILITY (P):

1 = Minor (first aid only)

1 = Rare (very unlikely)

2 = Moderate (medical treatment)

2 = Unlikely (happened in industry)

3 = Serious (lost time injury)

3 = Possible (happened on similar projects)

4 = Critical (permanent disability)

4 = Likely (happened on this project)

5 = Catastrophic (fatality)

5 = Almost certain (expected without controls)

RISK SCORE = S x P

1-4 = LOW (standard precautions)

5-6 = MEDIUM (implement controls, monitor)

8-10 = HIGH (controls verified before work, supervisor monitors)

12-25 = EXTREME (stop - redesign task or get safety director approval)

JOB STEPS, HAZARDS, AND CONTROLS

STEP 1:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

_____ :

Responsible Person: _____

STEP 2:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

Responsible Person: _____

STEP 3:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

Responsible Person: _____

STEP 4:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

Responsible Person: _____

STEP 5:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

Responsible Person: _____

STEP 6:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

Responsible Person: _____

STEP 7:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

Responsible Person: _____

STEP 8:

Task Description: _____

Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

Responsible Person: _____

STEP 9 (if needed):
Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

Responsible Person: _____

STEP 10 (if needed):
Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

Responsible Person: _____

ENVIRONMENTAL CONDITIONS

Temperature: _____

& Heat illness prevention plan in effect (>80°F)
& Cold stress prevention plan in effect (<40°F)
& High wind plan in effect (>25 mph)
& Lightning safety plan in effect (storms within 10 miles)
& Wet/slippery conditions — additional controls needed

Environmental Notes: _____

PERSONAL PROTECTIVE EQUIPMENT (PPE)

MINIMUM REQUIRED (check all that apply):
& Hard Hat (Type: _____)
& Safety Glasses (ANSI Z87.1)
& Hearing Protection (Type: _____ NRR: _____)
& Safety Boots (ASTM F2413 Steel/Composite Toe)
& Work Gloves (Type: _____)
& High-Vis Vest (ANSI Class: _____)

TASK-SPECIFIC PPE (check all that apply):
& Fall Protection Harness + Lanyard/SRL
& Respirator (Type: _____ Cartridge: _____)
& Chemical-Resistant Gloves (Type: _____)
& Cut-Resistant Gloves (Level: _____)

& Face Shield (Type: _____)
& Arc Flash PPE (Cal Rating: _____ cal/cm²)
& Voltage-Rated Gloves (Class: _____)
& Welding Hood/Goggles (Shade: _____)
& Knee Pads
& Chaps/Leg Protection
& Rubber Boots
& Other: _____
& Other: _____

PERMITS AND CERTIFICATIONS REQUIRED

& Hot Work Permit (Permit #: _____)
& Confined Space Entry Permit (Permit #: _____)
& Excavation/Trenching Permit (Permit #: _____)
& Critical Lift Plan (Plan #: _____)
& Lockout/Tagout Authorization
& Energized Work Permit
& Other Permit: _____ (#: _____)

Competent Person Required: & Yes & No

If Yes, Name: _____

Qualified Person Required: & Yes & No

If Yes, Name: _____

TRAINING REQUIREMENTS

Required Training (check all that apply):

& OSHA 10-Hour Construction
& OSHA 30-Hour Construction
& Fall Protection
& Scaffold User
& Confined Space Entry
& Lockout/Tagout (LOTO)
& Electrical Safety / NFPA 70E
& Excavation / Trenching Safety
& Crane Signaler / Rigger
& Hazard Communication (HazCom)
& Silica Awareness
& Respiratory Protection / Fit Test
& First Aid / CPR / AED
& Forklift / Equipment Operation
& Hot Work / Fire Watch
& Other: _____

Verify all workers have required training before signing below.

EMERGENCY PROCEDURES

Emergency Contacts:

Safety Director: _____

Site Supervisor: _____

Project Manager: _____

911 for all life-threatening emergencies

First Aid Kit Location: _____

AED Location: _____

Eye Wash Station: _____

Fire Extinguisher: _____

Spill Kit Location: _____

Evacuation Route: _____

Muster Point: _____

Nearest Hospital: _____

Hospital Address: _____

Estimated Drive Time: _____

WORKER ACKNOWLEDGMENT

By signing below, I confirm that:

- I have reviewed this JSA and understand all identified hazards
- I understand the controls and will follow them
- I have the required training for this task
- I have been provided the required PPE
- I will stop work and notify my supervisor if conditions change

Name (Print)	Signature	Date	Company/Trade
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APPROVAL

Prepared By: _____

Signature: _____

Reviewed By: _____

Signature: _____

Approved By: _____

Signature: _____

REVISION LOG

Rev #	Date	Description of Change	Changed By
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1			
2			
3			

NOTES

Additional Notes:

	:	
	:	
	:	
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	:	

Hierarchy of Controls Reminder (apply in this order):

1. ELIMINATION - Remove the hazard entirely
 2. SUBSTITUTION - Replace with something less hazardous
 3. ENGINEERING CONTROLS - Physically isolate workers from hazard
 4. ADMINISTRATIVE CONTROLS - Change how work is done
 5. PPE - Personal Protective Equipment (last resort)
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