

Job Safety Analysis Check list Site Specific



Date/Time: _____

Foreman/Supervisor: _____

Weather: _____

Job #/Location: _____

PERMITS

- CONFINED SPACE
- HOT WORK
- LOCKOUT/TAG OUT
- CLEARANCE PERMIT REQUIRED Yes No
- CLEARANCE PERMIT ISSUED Yes No

PERSONAL PROTECTIVE EQUIPMENT

- HARD HAT
- SAFETY GLASSES (ANTI FOG WHEN NEEDED)
- FACE SHIELD
- STEEL TOE BOOTS
- GLOVES
- SAFETY JACKET
- FACE MASK
- OTHER

TOOLS

- TOOLS INSPECTED / APPROVED
- PROPER TOOLS ARE AVAILABLE
- TOOLS ARE IN GOOD CONDITION
- TRAINING / QUALIFICATIONS NEEDED
- OTHER

FIRE PROTECTION

- FIRE EXTINGUISHERS AVAILABLE
- FIRE WATCH / MONITOR NEEDED
- FIRE BLANKETS NEEDED
- COMBUSTIBLES / FLAMMABLE IDENTIFIED
- OTHER

EMERGENCY EQUIPMENT & PLANNING

- EVACUATION ROUTE PLANNED
- REPORTING AREA DESIGNATED
- SAFETY SHOWER LOCATION
- EYE WASH LOCATION
- OTHER

ELECTRICAL

- EQUIPMENT INSPECTED AND APPROVED
- PROPER GROUND FAULT PROTECTION
- PROPER SOURCE SEPARATION
- PROPER LIGHTING
- POWER SOURCE LOCKOUT / TAG OUT
- CABLE / WIRE / CORD ROUTING
- OTHER

FALL PROTECTION

- SAFETY HARNESS
- PROPER ANCHORAGE
- LANYARDS
- LIFE LINES
- RAILING/ BARRIERS
- HOLE COVERS
- OTHER

SCAFFOLDING / LADDERS

- INSPECTIONS/ TAGS CURRENT
- PROPER TYPE AVAILABLE
- DAMAGE / DEFECTS
- LADDERS TIED OFF
- ELECTRICAL CONTACT HAZARDS
- ACCESS
- SPECIAL PROVISIONS
- OTHER

CRANE / LIFT EQUIPMENT

- PROPER TRAINING / QUALIFICATIONS
- PROPER EQUIPMENT AVAILABLE
- EQUIPMENT INSPECTED / APPROVED
- DAMAGE / MALFUNCTIONS
- PROPER MAINTENANCE PERFORMED
- SURFACE STABLE VERIFIED
- OUTRIGGER PLACEMENT
- CRITICAL LIFT PLAN WRITTEN
- OVERHEAD / RADIUS CLEARANCE
- ELECTRICAL CONTACT HAZARDS
- PROPER SIGNS / BARRICADES
- COMMUNICATION PROCEDURES
- LIFT / LOAD CHARTS VERIFIED
- OTHER

WELDING / BURNING

- EQUIPMENT INSPECTED / APPROVED
- COMBUSTIBLES IDENTIFIED
- USE OF WELDING SCREENS
- USE OF FIRE BLANKETS
- FIRE WATCH
- FIRE EXTINGUISHER LOCATION
- PROPER VENTILATION
- EQUIPMENT GROUNDED
- PROPER CLOTHING / PPE
- OTHER

RIGGING

- PROPER TRAINING / QUALIFICATIONS
- PROPER EQUIPMENT AVAILABLE
- EQUIPMENT INSPECTED / APPROVED
- CHAIN FALL / COME ALONG CAPACITY
- CORRECT TYPE OF RIGGING USED
- ELECTRICAL CONTACT HAZARDS
- PROPER SIGNS/ BARRICADES
- COMMUNICATIONS PROCEDURE
- FALL PROTECTIONS PROCEDURES
- OTHER

EXCAVATION

- PROPER EQUIPMENT USED
- PROPER TRAINING / QUALIFICATIONS
- SHORING REQUIRED
- PROPER SIGNS / BARRICADES
- PROPER ACCESS EGRESS
- INSPECTED BY COMPETENT PERSON
- OTHER

CONFINED SPACE

- PROPER TRAINING / QUALIFICATIONS
- PERMIT / NON PERMIT SPACE
- PERMIT PROCEDURES / FORMS AVAIL.
- AIR MONITORING / SAMPLES
- PROPER PPE REQUIREMENTS
- COMMUNICATION PROCEDURES
- PROPER SIGNS / BARRICADES / TAGS
- HOLE WATCH / ATTENDANT
- OTHER

IDENTIFIED HAZARDS

- | | |
|---|--|
| <input type="checkbox"/> ASBESTOS | <input type="checkbox"/> LEAD |
| <input type="checkbox"/> ARSENIC | <input type="checkbox"/> FLAMMABLE |
| <input type="checkbox"/> DUST | <input type="checkbox"/> BURNS-SKIN |
| <input type="checkbox"/> SURFACE TEMP. | <input type="checkbox"/> BURNS-EYES |
| <input type="checkbox"/> HEAT STRESS | <input type="checkbox"/> SHOCK |
| <input type="checkbox"/> NOISE LEVEL | <input type="checkbox"/> ACCESS-EGRESS |
| <input type="checkbox"/> SHARP OBJECTS | <input type="checkbox"/> OVERHEAD WORK |
| <input type="checkbox"/> OTHERS IN AREA | <input type="checkbox"/> SLIP / TRIP |
| <input type="checkbox"/> HOUSEKEEPING | <input type="checkbox"/> PINCH POINTS |
| <input type="checkbox"/> BUMPS | <input type="checkbox"/> HANDRAILS |
| <input type="checkbox"/> FALLS | <input type="checkbox"/> HEAVY OBJECTS |
| <input type="checkbox"/> FLOOR OPENINGS | <input type="checkbox"/> POOR LIGHTING |
| <input type="checkbox"/> AIR DEPLETION | <input type="checkbox"/> MOVING EQUIP. |
| <input type="checkbox"/> FALLING DEBRIS | <input type="checkbox"/> X-RAY RADIATION |
| <input type="checkbox"/> OTHER | |

