|  |
| --- |
| **JOB SPECIFIC SAFETY ANALYSIS (K3)** |
| **SR #:**       | **Bldg./Area:**       | **Date:** Click or tap to enter a date. |
|  | **Primary** | **Secondary** |
| **Emergency Contact Person(s):** |       |       |
| **Phone Number:** |       |       |
| **Pre-job/Walkthrough Conducted:** | [ ]  **Yes** | [ ]  **No** |
| **PPE Requirements** |
| Minimum PPE Requirements:      Task Specific PPE:       |
| Job Specifics |
| Job Location:       |
| Work Scope:       |
| Method:       |
| Uncertainties:       |
| Hazards | Controls |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

|  |  |
| --- | --- |
| **APPROVER** | **SIGN/DATE** |
| **WS&H Professional:**      |  |
| **Contractor Supervision:**      |  |
| **PRE-JOB ROSTER** |
| **NAME** | **SIGN/DATE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |