|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **JOB SAFETY ANALYSIS** | | | | | **Date:** Click or tap to enter a date. |
| **Prepared by:** | | **SR #:** | | **Bldg./Area:** | |
| **USQ Number (RPL Use Only):** | | | | | |
| **Work Scope/Description:** | | | | | |
|  | | **Primary** | | **Secondary** | |
| **Emergency Contact Person(s):** | |  | |  | |
| **Phone Number:** | |  | |  | |
| **Specific Work Location(s):**  **Various** | | | | | |
| **Pre-job/Walkthrough Conducted:** | **Yes** | | **No** | | |
| **Hazards & Controls** | | | | | |
| ☒ = Requires formal/special training  ⯐ = Requires a permit/form/report  🗹 = Requires certification or competent/qualified person designation | | | | | |
| MINIMUM PPE REQUIREMENTS: *Substantial Footwear, Long Pants, Shirts with Sleeves, Cut 3 Rated Gloves* *and Safety Glasses* | | | | | |

| **Hazard** | | | | **Yes** | **No** | **Task Description** | **Controls** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Access Control** |  |  |  |  |  |  |  |
| 1. **Asbestos Work** | ☒ | ⯐ | 🗹 |  |  |  | Asbestos Work Plan |
| 1. **Beryllium** | ☒ | ⯐ | 🗹 |  |  |  | Beryllium Work Plan |
| 1. **Blind Penetration** |  | ⯐ |  |  |  |  | Blind Penetration Permit  GPR Scan/Wall Scan |
| 1. **Breaching of Systems/**   **Hood/Exhaust Duct Removal** |  | ⯐ |  |  |  |  | Negative Ventilation  Fixative Ventilation Review  Wrapping/Pancaking |
| 1. **Chemical Use/Exposure** |  | ⯐ |  |  |  | Paints Glues Epoxy | SDS Review Notifications |
| 1. **Confined Space** | ☒ | ⯐ | 🗹 |  |  |  | Space Evaluation  Non-Permit Permit Required  Space Reclassification (to non-permit) |
| 1. **Cuts/Abrasions** |  |  |  |  |  |  | Gloves (cut 3 or greater) |
| 1. **Cutting/Welding/Grinding** | ☒ | ⯐ |  |  |  |  | Hot Work Permit |
| 1. **Dust Control** |  |  |  |  |  |  |  |
| 1. **Electrical Hazards** | ☒ | ⯐ | 🗹 |  |  |  | GFCI’s |
| 1. **Environmental**   Cultural Resources  Migratory Birds |  |  |  |  |  |  |  |
| 1. **Excavation/Trenching** |  | ⯐ | 🗹 |  |  |  | Excavation Permit Ground Scan  Daily Inspection |
| 1. **Facility Notifications** |  |  |  |  |  |  |  |
| 1. **Fall Hazards (>6 ft)** | ☒ |  | 🗹 |  |  |  | FPWP |
| 1. **Fire Protection/Life Safety** |  |  |  |  |  |  | Temporary Heating |
| 1. **General Hand Tools**   Ergonomics/Vibration |  |  |  |  |  |  |  |
| 1. **Hazardous Energy Control** | ☒ | ⯐ | 🗹 |  |  |  | EWP LOTO |
| 1. **Hazardous Materials** | ☒ |  |  |  |  |  |  |
| 1. **Heavy Equipment**   Forklift  Excavator  Loader  Other: | ☒ |  | 🗹 |  |  |  | Spotter Hi-Vis Pilot Vehicle |
| 1. **Hoisting & Rigging** | ☒ | ⯐ | 🗹 |  |  |  | Crane Pick Plan |
| 1. **Hot Work/Fire Hazard** | ☒ | ⯐ |  |  |  |  | Hot Work Permit  Fire Protection Engineer Walk |
| 1. **Housekeeping**   Sheetrock Debris  Sharp Objects  Formwork |  |  |  |  |  |  |  |
| 1. **Ladder Use** |  |  |  |  |  |  |  |
| 1. **Laser Use** |  |  |  |  |  |  | Signage |
| 1. **Lead Work** | ☒ | ⯐ | 🗹 |  |  |  | Lead Control Plan |
| 1. **Manual Lifting**   Ergonomics |  |  |  |  |  |  |  |
| 1. **Material Handling** |  | ⯐ |  |  |  |  | Material Handling Plan (MMHP) |
| 1. **Mobile Elevated Work Platform** | ☒ |  | 🗹 |  |  |  | Spotter Pre-Use Inspection |
| 1. **Noise Dose** | ☒ |  |  |  |  |  | Hearing Protection |
| 1. **Overhead Hazards** |  |  |  |  |  |  | Head Protection |
| 1. **Power Tools**   Ergonomics/Vibration |  |  |  |  |  |  |  |
| 1. **Radiological Area Work** | ☒ | ⯐ |  |  |  |  | RWP |
| 1. **Respiratory Hazards** | ☒ |  |  |  |  |  | Respiratory Protection |
| 1. **Roof Work** |  | ⯐ |  |  |  |  | FPWP Roof Access  Chemical/SDS Review |
| 1. **Scaffolding** | ☒ |  | 🗹 |  |  |  | Daily Inspection  Status Tags |
| 1. **Selective Demolition**   Biological/Mouse Droppings  Insects/Varmints |  |  |  |  |  |  | Identify and or Secure Concealed/ Unguarded Brackets or Bracing |
| 1. **Signs & Barricades** |  |  |  |  |  |  |  |
| 1. **Silica Work** | ☒ | ⯐ | 🗹 |  |  |  | Silica Control Plan |
| 1. **Site/Vehicle Traffic** |  |  |  |  |  |  | Work Boundary  Traffic Control Plan |
| 1. **Temperature Extremes** |  |  |  |  |  |  | WBGT WAC Rule  Physiological Monitoring |
| 1. **Walking/Working Surfaces** |  |  |  |  |  |  |  |
| 1. **Work Above Ceiling Areas** |  |  |  |  |  |  | RPT Support Sampling |
| 1. **Other:** |  |  |  |  |  |  |  |
| 1. **Other:** |  |  |  |  |  |  |  |

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| **APPROVER** | **SIGN/DATE** |
| **WS&H Professional:** |  |
| **Contractor Supervision:** |  |