

Revised: May 4th. 2017

Task _____
 Project _____ Location _____ Date _____

Emergency Information			
Evacuation Route _____	Alarm _____	Date _____	Date _____
Assembly Area _____	Tornado Shelter _____	Date _____	Date _____
Nearest Fire Ext. _____	Nearest Eye Wash _____	Date _____	Date _____

Task Hazard Checklist

All items must be checked Yes or No. If Yes the hazard must be noted on JSA on back page. Item with an asterisk (*) need additional permitting

Pre-Task Preparation

Personal Protective Equipment		Surrounding Work Area Hazards		Inspection			
Yes - No	Gloves	Yes - No	Poor Weather	Yes - No	Right tool for the job	Yes - No	Barricades
Yes - No	Dbl Hearing Protect*	Yes - No	Overhead Electrical	Yes - No	Electrical Cords	Yes - No	Spill Response Kit
Yes - No	Filtered Lens	Yes - No	Underground Utilities*	Yes - No	GFCI	Yes - No	First Aid Kit/BBP
Yes - No	Face Shield	Yes - No	Heat/Cold Stresses	Yes - No	Ladders	Yes - No	Drinking Water
Yes - No	Dbl Mtrx Face Shield	Yes - No	Hot/Cold Objects	Yes - No	Power tools	Yes - No	Fire Extinguisher
Yes - No	Rubber Boots	Yes - No	Low Lighting	Yes - No	Hand Tools	Yes - No	Fall Protection*
Yes - No	Toe Clips	Yes - No	High Noise*	Yes - No	Mechanical Equip.	Yes - No	Respirators*
Yes - No	Fall Protection*	Yes - No	Sharp Objects	Yes - No	Rigging*	Yes - No	Scaffold*
Yes - No	Per. Monitor	Yes - No	Overhead Work*	Yes - No	Self Check -PPE	Yes - No	Excavations*
Yes - No	Safety Vest	Yes - No	Heavy Traffic*	Yes - No	Fuel Containers	Yes - No	Welding Equip.*
Yes - No	FR Coveralls	Yes - No	Adjacent Work*	Yes - No	Work Truck	Yes - No	SDS Obtained
Yes - No	FR Sleeves/Jacket	Yes - No	Tight Spaces	Yes - No	Specialized Permits	Yes - No	Housekeeping

Jobsite Hazard Analysis Checklist

Specialized Permits		Physical Hazards			Chem/Ergonomic Hazards		
Yes - No	Lockout/Tagout	Yes - No	Line of Fire	Yes - No	Flying Particles	Yes - No	Toxic/Corrosive
Yes - No	Confined Spaces	Yes - No	Rotating Parts	Yes - No	Hazardous Energy	Yes - No	Excessive Dust
Yes - No	Excavations	Yes - No	Fall Potential*	Yes - No	Hand Tool Hazards	Yes - No	Chem. Reaction
Yes - No	Hot Work	Yes - No	Pinch Points	Yes - No	Power Tool Hazards*	Yes - No	Plants/Insects
Yes - No	Rigging/Lifting	Yes - No	Struck by/Crushed by	Yes - No	Sharp Objects	Yes - No	Vibration
Yes - No	PPE Matrix Reviewed	Yes - No	Electrical	Yes - No	Holes,Pits,Shafts	Yes - No	Repetitive task
Yes - No	Fall Protection	Yes - No	Unguarded Machinery	Yes - No	Uneven Surfaces	Yes - No	Fumes
Yes - No	Respiratory Fit Test	Yes - No	Fire/Flammables	Yes - No	Radiation	Yes - No	Poor Posture
Yes - No	Sound Level Survey	Yes - No	Excessive Force	Yes - No	Lifting	Yes - No	Carcinogens
Yes - No	Demolition Eng Survey						
Yes - No	Silica Exposure Control						
Yes - No	Equipment Checklist						
Yes - No	Scaffold						

TSTI Quality Review

Stand backs (circle)	M T W T F S S	Name (Print)	TSTI Review (circle)	M T W T F S S	Name (Print)
Yes - No	Sometime Before Break	_____	Yes - No	Sometime Before Break	_____
Yes - No	Sometime After Break	_____	Yes - No	Sometime After Break	_____
Yes - No	Sometime After Lunch	_____	Yes - No	Sometime After Lunch	_____
Yes - No	Is the task assignment clear to all crew members?		Yes - No	Was this TSTI discussed at the task location?	
Yes - No	Are all permits attached to this TSTI?		Yes - No	All hazards identified understood by crew?	

Review for next day

Yes - No Is this TSTI being used for consecutive days?	Yes - No Have I added or subtracted hazards from JSA?
Yes - No If above is YES have I reviewed and added date?	Yes - No Did I discuss this TSTI with my crew
Yes - No Will I be performing activities such as creating concrete or wood dust, welding/cutting/grinding, High noise?	
If yes to the above question please contact Safety to schedule personal monitoring.	

Foreman Signature _____ Yes -Routed to Office Safety or Mgt Reviewed _____

JSA - Job Safety Analysis

Job Steps	Potential Hazards	Actions to Eliminate or Reduce the Hazard

H Operation not permissible S High priority remedial action M Take Action L Acceptable	Risk Assessment Code →			Severity Codes Catastrophic-Death or total disability Critical- Disability in excess of three months Marginal - Minor injury, lost workday accident Negligible - First aid or minor medical treatment		
	Probability					
	Frequent	Likely	Occasional	Seldom	Unlikely	
S e v e r i t y	Catastrophic	High	High	High	Serious	Medium
	Critical	High	High	Serious	Medium	Low
	Marginal	Serious	Serious	Medium	Medium	Low
	Negligible	Medium	Medium	Low	Low	Low
Probability Codes Frequent- Likely to occur repeatedly Likely- Likely to occur several times Occasional- Likely to occur sometime Seldom- Not likely to occur Unlikely- May assume exposure will not happen						

I acknowledge receiving these instructions, understand the instructions and fully comply with the assigned job task.

Employee Signature

Employee Signature

Foreman Signature _____

Yes -Routed to Office

Safety or Mgt Reviewed _____