Task _____

Project Location Date

Emergency Information Date

Evacuation Route Alarm Date

Assembly Area Tornado Shelter Date

Wind Direction Weather Conditions Date

Nearest Fire Ext. Nearest Eye Wash

Task Hazard Checklist

All items must be checked Yes or No. If Yes the hazard must be noted on JSA on back page. Items with a star (*) 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	Safety Mtg
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	Ice Cleats	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- SSE Employees				Chem/Ergonomic Hazards	
Yes - No	PPE Matrix Reviewed	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	Demolition Permit	Yes - No	Fall Potential*	Yes - No	Hand Tool Hazards	Yes - No	Chem. Reaction
Yes - No	Excavations	Yes - No	Pinch Points	Yes - No	Power Tool Hazards*	Yes - No	Plants/Insects
Yes - No	Fall Protection	Yes - No	Struck by/Crushed by	Yes - No	Sharp Objects	Yes - No	Vibration
Yes - No	Hot Work	Yes - No	Electrical	Yes - No	Holes, Pits, Shafts	Yes - No	Repetitive task
Yes - No	Lockout/Tagout	Yes - No	Unguarded Machinery	Yes - No	Uneven Surfaces	Yes - No	Fumes
Yes - No	Rigging/Lifting	Yes - No	Fire/Flammables	Yes - No	Radiation	Yes - No	Poor Posture
Yes - No	Scaffold	Yes - No	Excessive Force	Yes - No	Lifting	Yes - No	Carcinogens
Yes - No	Silica Permit	Yes - No	SSE's on Crew				
		Yes - No	SSE Assigned Mentor				

TSTI Quality Review

Pre-Task Talk (circle) M T W T F S S		Name (Print)
Yes - No	Start of Day	
Yes - No	Immediately After Break	
Yes - No	Immediately 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 hazards understood by the crew?	
Yes - No	Are all permits attached to this TSTI?	
	SSE Name(s)	Mentor Name(s)

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

Having No Plan Is A Plan To Fail!

1.Does everyone understand their role? **2.** What hazards/risks are involved?

3. How are we going to eliminate/prevent the hazards/risks **4.** Do we have the right tools, permits, PPE, etc.?

5. Do members of the crew need additional training to complete the task? **6.** Did we completed vehicle / equipt. inspections?

7. What will we do to not get hurt today? **8.** Be specific in your potential hazard & actions to eliminate.

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

Employee Signature / Print Name

Employee Signature / Print Name

Please Scan these QR Codes to get direct access on your phone to important safety information:

Search for SDS Sheets Scan this QR code	Search The Brieser Safety Manual Scan this QR code	Conduct an Anonymous Safety Risk Report Scan this QR code

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