

Name: _____ Date: _____



Writing a Job Safety Analysis (JSA)

Writing a job safety analysis (JSA) is common in the work place. A JSA lists tasks/activities performed on the job and the potential hazards associated with them. Below are some activities that require a JSA. Please complete the JSA for each activity.

1. Framing

- Using a pneumatic nail gun to frame a home

2. Welding

- Welding the broken leg of a metal chair back in place

3. Scaffold

- Plastering the side of a building on a scaffold 30 ft. in the air

4. Confined Space

- Painting inside a barge

#1 Framing

JOB SAFETY ANALYSIS

TITLE OF JOB OR TASK

TASK	START	END	HAZARDS	CONTROLS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Required Training:

Required Personal Protective Equipment (PPE):

Job Name: _____
 Job Number: _____
 Supervisor: _____
 Date: _____

Weekly Vehicle Check List: _____ Tire Pressure _____ Transmission Fluid _____
 _____ Oil _____ Lights _____
 _____ Air Filter _____ Wkly Mileage _____

Names of Employees:

PRINT NAME	SIGN NAME	TOTAL HOURS

#2 Welding

JOB SAFETY ANALYSIS

TITLE OF JOB OR TASK

TASK	START	END	HAZARDS	CONTROLS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Required Training:

Required Personal Protective Equipment (PPE):

Job Name: _____

Job Number: _____

Supervisor: _____

Date: _____

Weekly Vehicle Check List: _____

_____ Tire Pressure _____ Transmission Fluid

_____ Oil _____ Lights

_____ Air Filter _____ Wkly Mileage

Names of Employees:

PRINT NAME	SIGN NAME	TOTAL HOURS

#3 Scaffold

JOB SAFETY ANALYSIS

TITLE OF JOB OR TASK

TASK	START	END	HAZARDS	CONTROLS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Required Training:

Required Personal Protective Equipment (PPE):

Job Name: _____
 Job Number: _____
 Supervisor: _____
 Date: _____

Weekly Vehicle Check List: _____
 Tire Pressure _____
 Oil _____
 Air Filter _____
 Transmission Fluid _____
 Lights _____
 Wkly Mileage _____

Names of Employees:

PRINT NAME	SIGN NAME	TOTAL HOURS

#4 Confined Space

JOB SAFETY ANALYSIS

TITLE OF JOB OR TASK

TASK	START	END	HAZARDS	CONTROLS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Required Training:

Required Personal Protective Equipment (PPE):

Job Name: _____
 Job Number: _____
 Supervisor: _____
 Date: _____

Weekly Vehicle Check List: _____
 Tire Pressure _____
 Oil _____
 Air Filter _____
 Transmission Fluid _____
 Lights _____
 Wkly Mileage _____

Names of Employees:

PRINT NAME	SIGNATURE	TOTAL HOURS