

Job Safety Analysis Form

Personal Protective Equipment Requirements			
<input type="checkbox"/> Safety glasses <input type="checkbox"/> Face shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Welding helmet <input type="checkbox"/> Hard hat <input type="checkbox"/> Hat, hair net, hair tie <input type="checkbox"/> Arc or flame resistant clothing <input type="checkbox"/> Chemical protective clothing <input type="checkbox"/> Cut-resistant clothing <input type="checkbox"/> Leather/work gloves <input type="checkbox"/> Cut resistant gloves <input type="checkbox"/> Cryogen gloves <input type="checkbox"/> Hot work gloves <input type="checkbox"/> Electrical work gloves <input type="checkbox"/> Safety shoe/boots <input type="checkbox"/> Slip-resistant shoes <input type="checkbox"/> Rubber boots <input type="checkbox"/> Fall protection equipment <input type="checkbox"/> Hearing protection (note type and rating) <input type="checkbox"/> Respiratory protection (note type): <input type="checkbox"/> Chemical resistant gloves (note type): <input type="checkbox"/> Other – Note:			
Required permits or procedures:		<input type="checkbox"/> Hot work permit <input type="checkbox"/> Confined Space Entry Permit <input type="checkbox"/> Excavation & trenching plan <input type="checkbox"/> Work in proximity to overhead conductors <input type="checkbox"/> Other – Note:	
Specialized Training or Certifications		<input type="checkbox"/> Asbestos Awareness <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Chainsaw <input type="checkbox"/> Confined Space <input type="checkbox"/> Control of Hazardous Energy <input type="checkbox"/> Electrical Safety <input type="checkbox"/> Elevated Work Platforms (Lifts) <input type="checkbox"/> Fall Protection <input type="checkbox"/> First Aid/CPR (Lockout/Tagout) <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Laboratory Safety <input type="checkbox"/> Materials Handling <input type="checkbox"/> Overhead Hoist <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Powered Industrial Trucks <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Scaffolds <input type="checkbox"/> Shop Safety <input type="checkbox"/> Welding, Cutting and Brazing <input type="checkbox"/> Other – Note:	
Gas detection or other related instrumentation requirements:		<input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Nitrogen dioxide <input type="checkbox"/> Lower explosive limit (gas detection) <input type="checkbox"/> Oxygen <input type="checkbox"/> Lower explosive limit, oxygen, hydrogen sulfide, carbon monoxide (confined space) <input type="checkbox"/> Carbon dioxide <input type="checkbox"/> Other (Note)	
Hazardous substances Safety Data Sheets available and reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		List hazardous materials used or attach SDS(s):	
Site Control:		<input type="checkbox"/> Barricades <input type="checkbox"/> Post signs <input type="checkbox"/> Caution tape <input type="checkbox"/> Designated area <input type="checkbox"/> Equipment/vehicle spotter <input type="checkbox"/> Flag person/traffic control <input type="checkbox"/> Establish meet & greet process <input type="checkbox"/> Other (Note)	
Environmental Conditions:		Weather:	Terrain:
Tools, machines and Equipment:		<input type="checkbox"/> Pre-use inspection complete <input type="checkbox"/> Periodic/routine inspections/maintenance up to date <input type="checkbox"/> Trained in use of tool/machine & equipment and properly documented <input type="checkbox"/> List tools/machines/equipment used:	

Diagram or Additional Notes and Comments: