

JOB SAFETY ANALYSIS (JSA) FORM

OUR COMMITMENT TO SAFETY

ATTITUDE + ASSESSMENT + ACCOUNTABILITY + ACTION = ZERO ACCIDENTS

Complete with work crew at job-briefing before beginning work. Have all personnel sign-off in Block 7 of this form.

(1) JOB INFORMATION	
Date:	Jobsite:
Location:	Company:
Foreman Name:	Foreman Cell Phone:

(2) EMERGENCY PROCEDURES	
Are you aware to notify Harvey personnel in case of an accident? Yes No	Clinic Name:
First Aid Kit Location	Clinic Location:
Stretcher Location / Basket / High-Rise Rescue	Clinic Protocols: Yes No
M.S.D.S. Location / S.D.S. Location	Nearest Hospital Name:
Evacuation Points	Nearest Hospital Location:
Fire Extinguisher Location(s)	

(3) JOB TASKS FOR THE DAY

(4) TOOLS AND EQUIPMENT TO BE USED

WORK STEPS FOR THIS TASK	HAZARDS ASSOCIATED WITH WORK STEPS	HOW CAN THE HAZARD BE ELIMINATED/CONTROLLED?
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

(5) CONSIDER THE FOLLOWING

PERSONAL PROTECTIVE EQUIPMENT

- Normal PPE
Safety Glasses, Hard Hat, Gloves
- Gloves—Types: _____
- Monogoggles / Face Shield
- Hearing Protection
- High Visibility Vest
- Respiratory Protection

TOOLS

- Inspection Current
- Proper Tools for the Job
- Tools in Good Working Condition
- Qualification Required
- Other: _____

LIFTING

- Lift Equipment Properly Inspected by Qualified Person
- Manual Lifting Equipment
- Proper Rigging Practices
- Manual Lifting (using Your Legs) <50 Pounds

OTHER/MISCELLANEOUS

- Barricades / Signage
- Hole Covers
- Guardrails
- Overhead Work
- Other Work Crews
- Heavy Equipment
- Underground Utilities
- Vehicle Traffic

ACCESS

- Scaffold (Properly Inspected by Competent Person)
- Ladder (Tied Off / Inspected)
- Personnel Basket (Inspected and Approved)
- Aerial Lift / Certification
- Confined Space Permit Required

ELECTRICAL/CONTROLLED ENERGY

- Locked / Tagged
- Try Start / Stop Switch
- GFCI
- Other: (i.e., Compressed Air, Water) _____

HAZARDS (BODY)

- Fall Protection / Lifeline Equipment
- Pinch Points
- Slip / Trip Potential
- Body Position / Line of Fire
- Crush By / Struck By / Contact With
- Electrical
- Fire Hazard
- Adequate Anchorage Points (Capable of Withstanding 5,000 LBS)
- Sharp Objects
- Other: _____

HAZARDS (ENVIRONMENTAL)

- Airborne Particles
- Electrical Shock
- Heat Stress
- Heavy Objects
- Hot or Cold Surfaces
- Inadequate Lighting
- Noise
- Poor Access/Egress
- Motorized Equipment
- Silica
- WECP
- Engineering Controls In Place

(6) COMPLETE FOR CIVIL WORK (PLEASE NOTE: ENGINEER APPROVED TRENCHING PLAN REQUIRED FOR TRENCHES >5')

1. Describe type and depth of excavations: Type A Soil/Rock Type B Soil/Rock Type C Soil/Rock:

2. Cave-in/Engulfment control measures to be used if excavation will be greater than 5 feet and personnel are entering the trench. Sloping Benching
 Trenching Shoring Shield/Box Ladder in Trench >5 Feet and Every 25' Sump Pump LOTO:

3. Describe elevation/site terrain/environmental concerns/hazards:

4. Describe hazards with site/vehicle access (High Traffic, Heavy Haul, Boom Cranes, and storage of materials/HAZMAT):

5. Describe the type of electrical or gas concerns or hazards (e.g. Electrical/Gas/Fiber Optic Line):

6. Have existing utilities been potholed/located? Yes No

7. Has Texas 811 hot-line been contacted? Yes No

8. Have utility shut valves been located? Yes No

9. Have excavations been inspected by a trained competent person? Yes No

10. Weather Conditions? (Wet, Mud, Excavation Hazards, Dry, Cracks):

(7) PROJECT PERSONNEL ACKNOWLEDGMENT (All Affected Personnel sign after job briefing.)

By signing below, I acknowledge that I am trained and fit to accomplish the tasks assigned to me by my employer. I will not proceed with any other tasks without properly completing additional Job Safety Analysis (JSA's). I have the right and duty to stop work in order to maintain the highest level of safety on this project.

Print Name	HH#	AM Initial	PM Initial	Print Name	HH#	AM Initial	PM Initial
1.				15.			
2.				16.			
3.				17.			
4.				18.			
5.				19.			
6.				20.			
7.				21.			
8.				22.			
9.				23.			
10.				24.			
11.				25.			
12.				26.			
13.				27.			
14.				28.			

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COVID-19 Requirements

New Construction Protocols to be discussed

The use of community coolers is prohibited. Do you have any community coolers on-site?
Practicing social distancing and personal hygiene with a minimum 6ft apart from each other at all times
JSA's should be limited to 10 workmen or less
Workmen should eat their lunch / take breaks away from each other (wash hands)
Foreman with 10 or more employees should rotate lunch / breaks at different times
Does everyone have a face cover that will cover the mouth and nose?
Employees should wear gloves at all times
Employees should not share PPE
Remind site personnel to avoid touching their faces and cover their coughs and sneezes
Frequent hand washing is encouraged. If soap and water is not available, an alcohol-based hand sanitizer should be used
Continuously and routinely evaluate risk to assess exposure at the jobsite
Disinfecting hand & power tools, equipment, and collective touch-points (table tops, counters, door knobs, etc.)° AM PM

If you have these symptoms, please report privately to your foreman for instructions.

Please see the following questions

In the last 24 hours have you or your Workmen had any of the following signs or symptoms?		
Yes	No	Have you had fever of a temp. of 99.6° or higher?
Yes	No	Have you had persistent coughing or any of your family members?
Yes	No	Do you have a sore throat?
Yes	No	Have you had body chills or are you experiencing body chills?
Yes	No	Are you having shortness of breath or trouble breathing?
Yes	No	Do you have pressure in your chest or persistent pain?
Yes	No	In the past 14 days have you been in contact with anyone with COVID-19?
Yes	No	Have you or any of your family members traveled outside of Texas or the United States within the last 14 days?

**** Note if yes, you must separate the worker and send them home, notify upper management and Harvey | Harvey-Cleary immediately!***