

P&W Contractor Job Safety Assessment
(Completed by Contractor's Representative)

Section 1:

Project Type: Demolition Remediation Construction/Alteration Other

Project Contractor Supervisor: _____ **Company Name:** _____

PW Contractor Coordinator: _____ **Contact Number:** _____

Work Location: _____ **Building (if exterior, most adjacent building to work area):** _____

Competent Person for activity: _____ **Subcontractor(s):** _____

Section 2: Summary of work to be done

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Section 3: Review and Signatures

JSA Developed By	Position/Title	Date	Contractor Coordinator Review	Position Title	Review date

JSA <u>Revised</u> By	Position/Title	Revised Date	Contractor Coordinator Review	Position Title	Review date

Section 4: Personnel Qualified to Perform Work

Only personnel that have completed the required training, applicable to their work are authorized to perform this work. Required training is listed below. The Supervisor (prior to beginning work) must complete verification of required training.

Required Training	<i>Documentation (Matrix) of completed training for all contractor and subcontractor personnel must be made available at job site (Check if complete and available)</i>
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Section 5

Warning:

If an unexpected condition arises that may impact the health and safety of personnel or the environment, any employee has the authority to stop work and alert supervisory personnel and/ or the contractor coordinator of the imminent condition.

Job Steps	Potential Hazards	Hazard Controls
Step 1		
Step 2 (If Applicable)		
Step 3 (If Applicable)		
Step 4 (If Applicable)		
Step 5 (If Applicable)		
Step 6 (If Applicable)		
Step 7 (If Applicable)		
Step 8 (If Applicable)		
Step 9 (If Applicable)		

(If additional space is needed to document plans, actions, etc., please attach to the end of this form)

Section 6: Document Review

I acknowledge that I have read and understand the work scope outlined in the Work Permit and job hazards & safety precautions identified in this JSA.

Name (Print)	Company	Signature	Date

Section 7: (Check all that apply) EMOc# _____

EYE & FACE

- Safety glasses with sides shields
- Goggles
- Full faceshield (worn over 1, 2, or 3 only)
- Welding Hood
- Other

HAND/(GLOVES)

- Nitrile
- Cloth
- Leather
- Welding
- Metal mesh
- Elect. Insulated
- Rubber
- Neoprene
- Latex
- Vinyl
- Butyl
- Other

FOOT

- Fire protection
- Hard toe shoes/boots
- Dielectric
- Rubber
- Other

HEAD

- Class A (Limited voltage) hard hat
- Class B (Hi-voltage) hard hat
- Chin strap accessory
- Other

ELECTRICAL

- Electrical Permit
- Lock/Tag Out
- Other

EXCAVATION

- Excavation Training
- Sloping/Benching/Shoring
- Supervision/Competent Person
- Entry Permit
- Other

SCAFFOLDING

- Scaffold Training
- Supervision/Competent Person
- Scaffold Tag
- Other

HOISTING EQUIPMENT

- Hoisting Permit
- Hoisting equipment training
- Critical Lift Plan
- Other

WELDING OPERATIONS

- Fire protection
- Stand-by attendant
- Fire blanket
- Shields
- Other

Instructions

1. Complete section 1 with Company, Supervisor name, Date, Task, Area, etc.
2. If a Pre-job Assessment is available, attach it.
3. Supervisor and crew conduct a walk-through survey of the work area. Plan and review the job task with all of the employees involved.
4. In Section 5 under Job Steps, write down each step required to accomplish the task.
5. In Section 5 under Potential Hazards, write down how someone can get hurt doing each step? Slips/trips, falls, fire, burns, cuts, electric shock, rigging, struck by? **Consider adjacent areas and 360° area of the work site.**
6. In Section 5 under Hazard Controls, write down what can be done to control/eliminate the hazard (e.g., wear harness & lanyard, post fire watch, use GFCI, or replace cords).
7. Check out other operations in the area that may cause problems with your job. (Cranes, welding, painting, other trade in same area?)
8. Include any hazards specific to the location of work, whether created by your work activity or previously existing.
9. Use the checklist in Section 7 of this form to review personal protective equipment needs.
10. Have everyone writing the JSA sign section 6.
11. During the day, as work progresses, use the JSA to identify additional hazards/problems while work is in progress. (*Note: Anyone on the crew can call a time out.*)
12. If the task takes more than one day, then review it at the start of each day.
13. Ensure that new employees are briefed on the contents of the JSA.
14. Submit a copy of the JSA in to your contractor coordinator when the task is complete.

RESPIRATORY PROTECTION

- Natural &/or Mechanical Ventilation
- Fume/mist mask
- Dust mask
- Half face filter
- Full face filter
- Full face airline
- Fixed barricades
- Other

PROTECTIVE CLOTHING

- Tyvek suits
- Rain suit
- Other

HEARING PROTECTION

- Ear plugs
- Ear muffs
- Other

COVID 19

- Protective mask
- Additionally - a protective cover always when working at a social distance of less than 2 m (minimum one person in the pair)

EMERGENCY EQUIPMENT

- Fire protection
- Eye Wash
- Retrieval equipment
- Eye Wash
- Communications (radio, cell phone, etc.)
- Other

STAND-BY ATTENDANT

- Fire Watch
- Confined Space
- Traffic Area
- Sand Blasting
- Other

BARRICADES/COVERS

- Warning barricade/tape
- Warning signs
- Cover(s)
- Railing(s)
- Other

CHEMICAL/ENVIRONMENTAL

- Safety Data Sheet(SDS) required
- Airborne Contaminates
- Hazardous chemical(s)
- Hazardous product(s)
- Other

Comments/ Notes:

Completed form:

- This document contains no technical data subject to the EAR or the ITAR
- Export marking (as directed by an export representative): _____