



JOB BRIEFING / ROUTINE JOB SAFETY ANALYSIS (JSA) FORM

Complete with work crew at job-briefing before beginning work; Have all affected personnel sign-off in Block 9 of this form.

(1) JOB INFORMATION				
Date:	Project Name:	Site Name		
Physical Address:	Longitude:	Latitude:	Project Supervisor:	
(2) EMERGENCY PROCEDURES (LIST TELEPHONE NUMBERS AND ATTACH DIRECTIONS TO THE SITE.)				
Are 911 systems functional with cell phone use?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fall Protection Rescue Procedures to be used:	<input type="checkbox"/> Fire Department	<input type="checkbox"/> In-House Crew (Crew must be properly trained in rescue)	<input type="checkbox"/> Other: <i>Please describe.</i>	
Ambulance:	Fire:	Police:		
Local Hospital:	Telephone Co:	Utility Co:		
Evacuation Point:	Host Construction Coordinator & Cell Phone:	Host Safety Coordinator & Cell Phone:		
(3) JOB / TASKS FOR TODAY (Note: Any rigging with a payload weight of 10T - 50T = Medium Lift; or ≥ 50T= Heavy Lift; or a Critical Lift requires the submittal of an Engineer approved lift plan as required per contract requirements.)				
CHECK TYPE OF WORK BEING PERFORMED:				
<input type="checkbox"/> Working at Height > 6 feet	<input type="checkbox"/> Electrical	<input type="checkbox"/> Construction	<input type="checkbox"/> Civil/Concrete/Masonry	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Heavy Lift (≥50T), <input type="checkbox"/> Incidental Lift (≤10T)	<input type="checkbox"/> Welding	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Decommissioning	<input type="checkbox"/> Other:
Comments: _____				

(4) JOBSITE EXPOSURES, NOTE: RADIO FREQUENCY (RF)				
Hazard Identification: Items checked below relate to existing conditions or may be a result of site operations				
Physical Hazards			Health Hazards	
<input type="checkbox"/> Confined Space <input type="checkbox"/> Permit Required	<input type="checkbox"/> Struck by/Contact With	<input type="checkbox"/> Chemical Exposure		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Overhead Work	<input type="checkbox"/> Cold Stress	<input type="checkbox"/> Silica Exposure (Concrete/Stone Cutting)	
<input type="checkbox"/> Elevation / Site Terrain	<input type="checkbox"/> Slips, Trip, or Falls	<input type="checkbox"/> Radio Frequency Emissions	<input type="checkbox"/> Biological Hazards: Animals, Avian, Insects, Microbiological, etc.	
<input type="checkbox"/> Falls from Elevations	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Asbestos, Lead	
<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> High Noise (>85 dBA)	<input type="checkbox"/> Lifting Hazards	
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Other:	<input type="checkbox"/> Lifting Hazards	<input type="checkbox"/> Other:	
(5) HAZARD CONTROL MEASURES				
PPE and Monitoring Equipment	Inspections (Complete All Prior to Use)	Safety Systems / Training		
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Barricades, Pedestrian Shelters, Banner of Notices, PPE, and Warning Signs)		
<input type="checkbox"/> Gloves	<input type="checkbox"/> Rigging	<input type="checkbox"/> Excavation & Trenching Plan/Log		
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Lock-Out / Tag-Out		
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Tag Lines	<input type="checkbox"/> Job Briefing Meeting		
<input type="checkbox"/> RF Personal Monitors	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Pre-Approved Plans (Critical Lifts, Roped-Access, Suspended Personnel Lift)		
<input type="checkbox"/> Safety Glasses, Goggles, Face Shield	<input type="checkbox"/> Hoists	<input type="checkbox"/> Uniform Traffic Control		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Permit Systems:		
		Confined Spaces: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>		
		Electrical Work: Is a Permit, Outage, or Clearance Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>		
		Fire, Smoke, Heat Alarms Deactivation: Are Permits Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>		
		Welding/Hot/Burning: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>		
		Egress Evacuation Routes Altered: Is a Permit Required? <input type="checkbox"/> Yes Obtained <input type="checkbox"/>		
		<input type="checkbox"/> Other:		
NOTE: Notify and confirm proper procedures, mitigation and/or protective steps taken with your company's designated Safety Representative & Site Manager before entering: any trench or any general excavation that is greater than 5' deep; or any Confined Space.				



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(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
 Shoring Trench Shield/Box Ladder in Trench > 5 Feet & Every 25' Sump Pump LOTO:

3. Describe elevation/site terrain/environmental concerns or 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 Lines):

(7) FALL PROTECTION & USING SUSPENDED PERSONNEL PLATFORM (Complete for Working at heights and Roped-Access)

Type of Elevated Work & Height: _____ Type of Tower or Building: _____

Describe the fall protection system to be used when working aloft. Lifeline Personal Fall Arrest Safety Monitor Qualified Climber Safety Net
 Ladder Safety Device Roped Access (Requires Roped Access JHA):

Fall protection to be used. Full Body Harness One Lanyard Two Lanyards (100%) Rope Grab Cable Grab Retractable Lifeline Ropes
 Ascenders/Descenders Anchorage Points, Belay, & Straps:

Has each employee inspected his or her fall protection equipment? Yes No

Hoisting Equipment to be used: < 20' Encroachment of Power Lines, Yes No; If yes, ID Voltage _____KV; De-energize/Test/Ground Lines Yes No
 Suspended Personnel Platform/basket Forklift Platform Crane/Boom/Aerial Truck Scissor/Snorkel Lift Gin Pole Roped Access

Suspended Personnel Platform Checklist and/or Critical Lift Plan Completed? Yes No

(8) REVIEWS AND SIGNATURES

GC Superintendent /Foreman		Lower-tier Subcontractor Supervisor	
Name	Signature	Name	Signature

(9) PROJECT PERSONNEL ACKNOWLEDGEMENT (ALL AFFECTED PERSONNEL SIGN AFTER JOB BRIEFING)

Name / Company:	Signature:	CPR	First Aid	Name / Company:	Signature:
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		



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		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		