

JSA – JOB SAFETY ANALYSIS

Safety Plan for site tasks and activities
Note: Multiple JSAs may be required if several tasks involved



Site/Project:		Work Order Number:	
Contractor/Subcontractor:		Date:	Weather:
Task/Activity:			
Check applicable anticipated or potential hazards: Demolition Underground tank removal/disposal/high vapours Activities in or near traffic areas Concrete cutting / Coring Pile driving / Shoring Mobile heavy equipment activity (excavators, dump trucks, vacuum and hydrovac trucks) EV Charging / Energy Storage Systems Welding, cutting, grinding Hydroblasting / Sandblasting Radiography / X-ray testing Pressure testing Other: (Includes clearing brush/trees, reactive chemical handling, working in proximity to deep water etc.)		CRITICAL PROCEDURES: <i>Where work involves any of the following hazards, applicable Critical Checklists must be incorporated into the JSA</i> Work at heights above 1.8 m (includes excavations) Confined Space Entry Tankfield Sump Entry Lock Out/Tag Out (LOTO) Hot Work Equipment Lifting (e.g. with Crane or Boom Truck) Critical Controls System Shut Down Ground Disturbance (shallow and deep) Vacuum Truck Use	

Sequence of Basic Job Steps <i>(Order in which the work will be carried out and brief details of how tasks will be performed)</i>	Potential Hazards <i>(Examples: underground services, hazardous zone area, impacted soil, overhead power lines, adjacent works, etc.)</i>	Safety Controls to Reduce or Eliminate Hazard <i>(Describe the precautions that will be taken)</i>
1.		
2.		
3.		

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4.		
5.		
6.		
7.		
8.		
9.		
10.		

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11.		
12		
13.		
14.		
15.		
16.		
17.		

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Tools / Equipment: <i>(List of tools/equipment to be used and their storage on site including ladders, steps, mobile scaffold, harness etc., if relevant to safety at the site)</i>				
Personal Protective Equipment: <i>(Minimum requirement: safety shoes / hard hat / visi-vest / safety glasses / gloves fit for use)</i>				
Additional PPE:	Hearing Protection	Gas Monitor	Fire Resistant Clothing	Arc Flash PPE (Arc
	Fall Protection	Eye Protection (specify)	Other (e.g. Traction Aids)	Rating exceeds hazard)
	Respiratory Equipment	_____	_____	
Gloves: Type(s) to be used _____ <i>If yes, why?*</i> _____			Will gloves need to be removed during work? (Y/N) _____	
* Ensure noted in applicable step in JSA. Gloves are to be put back on as soon as task requiring removal is completed.				
Disposal of designated substances, surplus or impacted materials: <i>(Disposal details, e.g. when, where to, how, etc.)</i>				
Consultant on site:				

Prepared By: _____ Names & signatures of workers carrying out the work: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Position: _____ Signed: _____ _____ _____ _____ _____ _____ _____ _____ _____	POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____ POST Cert No.: _____ Date: _____
JSA Approved By (Site Supervisor): _____ Signed: _____ POST Cert No.: _____ Date: _____		

Note: For tasks/activities that extend beyond a single day use attached DAILY RENEWAL form for review of JSA with current crew and weather.

JSA – JOB SAFETY ANALYSIS – DAILY RENEWAL



Date:		Weather:	
Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):			
Site Supervisor:		Signed: _____	POST Cert No.: _____
Participant(s):		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____

Date:		Weather:	
Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):			
Site Supervisor:		Signed: _____	POST Cert No.: _____
Participant(s):		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____

Date:		Weather:	
Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):			
Site Supervisor:		Signed: _____	POST Cert No.: _____
Participant(s):		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____

Date:		Weather:	
Identified changes to risk and additional controls (e.g.: new crew member, impact on others, inclement weather, etc.):			
Site Supervisor:		Signed: _____	POST Cert No.: _____
Participant(s):		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____
		Signed: _____	POST Cert No.: _____