General Information:

1. Circle the hazards associated with this task.

Strains/Sprains - Pinch Points - Slips/Trips - Fall - Burns
Drowning – Asbestos – Lead - Organic Matter
Impaired Vision - Communication – Sharp Edges – Noise-
Atmosphere - Electric Shock - Rigging - Stored Energy

List any additional hazards _____

_____

Has the work area been walked down and have all crewmembers been informed of the hazards associated with the task? ☐ Yes ☐ No

2. Is there proper access and egress provided to the work area? ☐ Yes ☐ No

3. What are the body positioning and ergonomic concerns?

_____

4. Has it been verified that the correct equipment will be worked on? ☐ Yes ☐ No ☐ N/A

Tools and Equipment:

5. User inspection is required on all tools, ladders, electrical cords, rigging, scaffolds and safety equipment. Have all employees been informed that this is required?

☐ Yes ☐ No ☐ N/A

Crane / Hoists:

6. Is crane/hoist inspection current? ☐ Yes ☐ No ☐ N/A
7. Is the area below properly barricaded?

☐ Yes ☐ No ☐ N/A

Housekeeping Requirements:

8. Has a material storage/fab area been identified?

☐ Yes ☐ No ☐ N/A

9. Is the work area clean and ready to start work?

☐ Yes ☐ No ☐ N/A

10. Are adequate trash receptacles available?

☐ Yes ☐ No ☐ N/A

Scaffolds/Ladders:

11. Ensure scaffolds have been inspected prior to access. Are there any concerns with the scaffold?

☐ Yes ☐ No ☐ N/A

What is the proper type ladder for this task? _____

_____

Asbestos / Lead / Silica Concerns:

12. Are there asbestos, lead, or silica concerns associated with the task? ☐ Yes ☐ No

If yes, what are the concerns? _____

_____

Fall Protection:

13. Are fall protection systems needed for this task?

☐ Yes ☐ No ☐ N/A

Explain (i.e. static lines, barricades, hole covers, 100% tie off, etc.)

_____

_____

Fire Protection:

14. Has work area been inspected for flammable or combustible hazards? i.e. PRB Coal ☐ Yes ☐ No ☐N/A
15. Have flammable or combustibles been removed from the hotwork area and stored properly? ☐ Yes ☐ No ☐N/A
16. Has a hotwork permit been issued for this task?

☐ Yes ☐ No ☐N/A

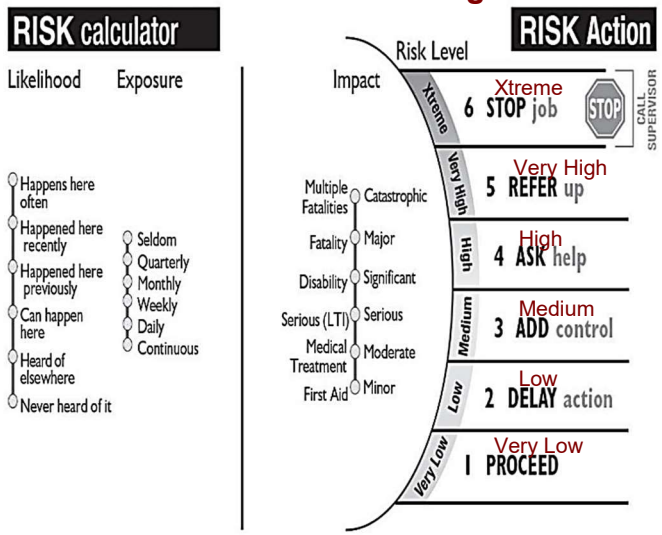
17. What are surrounding hazards/unsafe conditions?

_____

18. Are fire extinguishers required? ☐ Yes ☐ No ☐N/A

If Yes, are they properly placed? ☐ Yes ☐ No ☐N/A

Pre-Task Planning



- Is a clearance or LOTO required for this task? ☐ Yes ☐No
  - Clearance/LOTO Number _____

_____

- What is the most recent incident / near hit here? _____

_____

- What's the most likely incident today? _____

_____

- What positive controls do we have? _____

_____

- What's the worst thing that can happen today? _____

_____

- What safety ideas do you have that will make this task safer?

_____

- Do all crewmembers understand their right and responsibilities under the SST Stop Work Authority?

☐ Yes ☐ No

JSA

Job Safety Analysis

Pre-Work and Pre-Task Planning Tool

Contractor Co. Name _____

Project Name: _____

Client Name: Southern Company
Technical and Project Solutions

Location: _____

Emergency Rescue Contact #_____

Foreman: _____

Date:_____ **Time:** _____

Task Location: _____

_____

Task Description: _____

_____

Specialty or High-Risk work? ☐ Yes ☐ No

If Yes, attach JSA Supplement

Emergency evacuation area / Assembly area:

_____

_____

Return to the Safety Department upon completion of this task.

Management Participation

Name: _____

Participation to occur as personnel are available.

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The JSA is an integral part to proper task planning. It will be used by management and supervision to reduce safety incidents.

- JSAs will be completed daily for each task by the responsible foreman or supervisor of the work.
- All sections related to work pre-planning must be completed.
- Each crew member involved in this task must sign the JSA.
- The JSA must be posted in an obvious place at the work area throughout the duration of the task.
- A post-job debrief will be conducted as part of the JSA process
- The JSA will be given to site management at completion of the task.

PPE Required

	Yes	No	Type (Specify Specific PPE)
Fall Protection			
Eyes			
Face			
Head			
Foot			
Hand			
Hearing			
Coveralls			
Respirator			
Fire Retardant Clothing			
Other			
Other			

Certifications/Competent Persons Required

Crane Operator	
Forklift Operator	
JLG / Scissor lift / etc.	
Mobile Equipment Operator	
Powder-Actuated Tool User	
Excavations	
Qualified Rigger / Lift Dir	
Demolition	

Procedures/Permits Required

	Yes	No		Yes	No
Energized Work			Confined Space		
Clearance / LOTO			Crane Lift		
Excavation			Line Break/Hot Tap		
Scaffold - OAR			Switchyard		
Hot Work			Open Hole / Grating Removal		
Hot Work-PRBArea			Other _____		

Sign On	Post Lunch Review (initials)	Sign Off

Post JSA Debrief

1. What went well today?

_____

_____

2. What did not go well today? Did an injury or unplanned incident occur? ☐ Yes ☐ No

If Yes, describe: _____

_____

3. Was it reported to the safety department? ☐ Yes ☐ No
4. What almost went bad today?

_____

5. What did we do to control it? _____

_____

6. Is the work area clean and free from debris from the day's work? ☐ Yes ☐ No
7. Have barricades been removed or if still needed, are they properly erected and tagged? ☐ Yes ☐ No
8. What safety ideas do you have?

_____

9. Was Stop Work Authority used today? ☐ Yes ☐ No

If Yes, Describe: _____

_____

Reviewed By:

General Foreman:_____

Reviews to be performed as personnel are available and are recommended daily

Hazard Elimination / Safe Work Methods										
Hazards Associated with Task										
Task Steps										

REQUIRED