



JSA (Job Safety Analysis) Checklist

 Show only Checklist

Display Style
Default 

Job Identification & Information

Details about the specific job being analyzed.

Job Title

Write something...

Department

Write something...

Location (Specific Area)

Write something...



Job Number / ID (if applicable)

Enter a number...

Date of JSA Creation

Enter date...

Brief Description of Job

Write something...

Frequency of Job

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other (Specify)

Is this a new or existing job?

- ☐ New
- ☐ Existing

Employee(s) Performing Job (Primary)

Write something...

Job Steps Breakdown

A detailed listing of each sequential step involved in the job.

Step Number

Enter a number...

Step Description

Write something...

Detailed Explanation of Step (if needed)

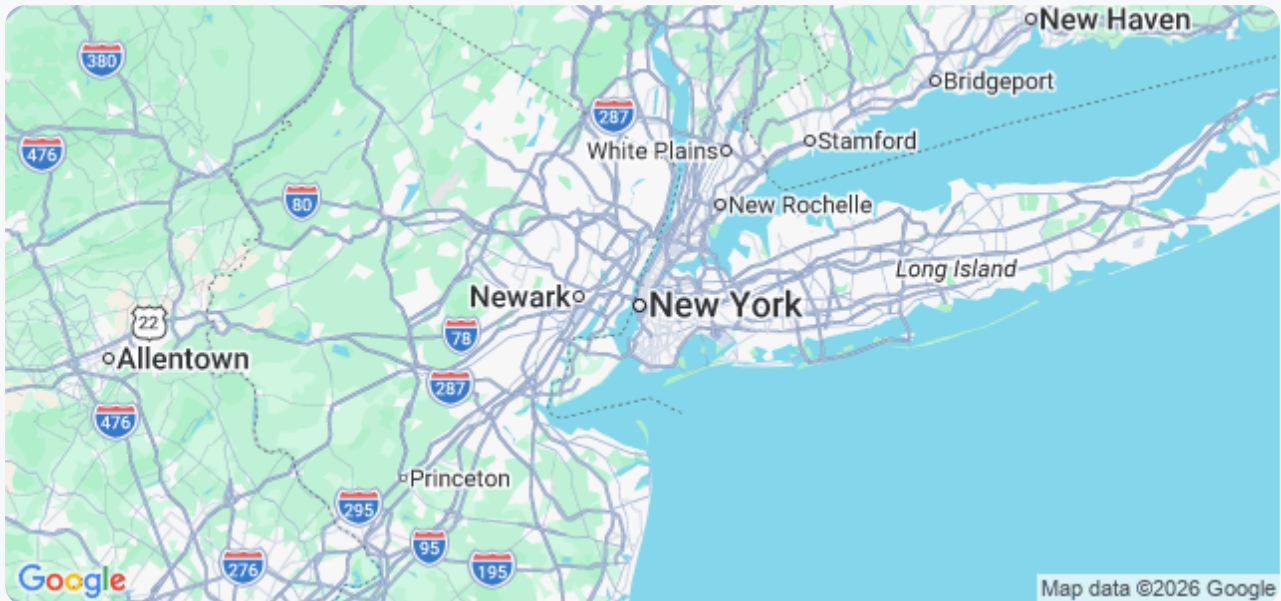
Write something...

Estimated Time to Complete Step (e.g., minutes)

Write something...

Specific Location of Step (e.g., Machine ID, Workstation)

 [Set My Current Location](#)



Resources Required for this Step

- ☐ Materials
- ☐ Tools
- ☐ Equipment
- ☐ Personnel
- ☐ Other

Date Step Typically Performed (if recurring)

Enter date...

Hazard Identification

Identifying potential hazards associated with each job step. Consider all aspects - physical, chemical, ergonomic, biological, etc.

Describe the potential physical hazards present (e.g., noise, vibration, sharp edges, moving machinery)

Write something...

Describe any potential chemical hazards (e.g., fumes, dust, liquids)

Write something...

Potential Ergonomic Hazards?

- ☐ Repetitive Motions
- ☐ Awkward Postures
- ☐ Forceful Exertions
- ☐ Static Loading
- ☐ None
- ☐ Other

Identify any potential biological hazards (e.g., bacteria, viruses, mold)

Write something...

Are there any confined space concerns?

☐ Yes

☐ No

☐ Unsure

Describe any potential fall hazards

Write something...

Estimated Noise Level (dB)

Enter a number...

Any other hazards observed?

Write something...

Risk Assessment (Severity & Probability)

Evaluating the potential severity of harm and the likelihood of occurrence for each identified hazard.

Severity Rating

- ☐ Negligible (No injury or illness)
- ☐ Minor (First Aid Required)
- ☐ Moderate (Medical Treatment Required)
- ☐ Serious (Disabling Injury)
- ☐ Catastrophic (Fatality)

Probability Rating

- ☐ Rare (Unlikely to occur)
- ☐ Remote (Could occur in time)
- ☐ Occasional (Likely to occur occasionally)
- ☐ Probable (Likely to occur)
- ☐ Frequent (Expected to occur often)

Severity Score (Numerical)

Probability Score (Numerical)

Risk Score (Severity x Probability)

Enter a number...

Justification for Ratings

Write something...

Risk Level (Derived)

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Extreme

Control Measures

Identifying and documenting specific controls to eliminate or mitigate the identified risks. Consider Hierarchy of Controls (Elimination, Substitution, Engineering Controls, Administrative Controls, PPE).

Hierarchy of Controls Applied (Check all that apply)

- ☐ Elimination
- ☐ Substitution
- ☐ Engineering Controls
- ☐ Administrative Controls
- ☐ Personal Protective Equipment (PPE)

Detailed Description of Engineering Controls Implemented

Write something...

Specific Procedures/Work Instructions Updated or Created

Write something...

Frequency of Safety Checks/Inspections for Equipment (e.g., daily, weekly, monthly)

Enter a number...

Details of Additional Training Required (beyond standard job training)

Write something...

Administrative Controls Implemented (Check all that apply)

- ☐ Permit-to-Work System
- ☐ Lockout/Tagout
- ☐ Safe Work Procedures
- ☐ Job Rotation
- ☐ Signage/Warnings

Specific Details of PPE Required and its Proper Usage

Write something...

Personal Protective Equipment (PPE)

Specifying required PPE for each job step and ensuring proper fit and usage.

Required PPE for this job:

- ☐ Safety Glasses/Goggles
- ☐ Hearing Protection
- ☐ Hard Hat
- ☐ Safety Shoes/Boots
- ☐ Gloves (specify type)
- ☐ Respirator (specify type)
- ☐ High-Visibility Clothing
- ☐ Face Shield
- ☐ Apron/Coveralls

Specific Glove Type & Material (if applicable):

Write something...

Respirator Type & Fit Testing Information (if applicable):

Write something...

Any PPE Modification or Special Considerations:

Write something...

PPE Inspection Frequency (e.g., Daily, Weekly, Monthly):

Enter a number...

Last PPE Inspection Date:

Enter date...

Employee Acknowledgement of PPE Requirements:

Training & Communication

Documenting training requirements for the job and ensuring clear communication of hazards and controls.

Brief Description of Training Provided

Write something...

Topics Covered in Training (Check all that apply)

- ☐ Job-Specific Hazards
- ☐ Safe Operating Procedures
- ☐ Emergency Procedures
- ☐ PPE Usage & Maintenance
- ☐ Lockout/Tagout Procedures
- ☐ Chemical Handling (if applicable)

Number of Employees Trained

Enter a number...

Date of Training

Enter date...

Trainer Name

Write something...

Employee Acknowledgement of Training

Notes on Communication Methods Used (e.g., toolbox talks, posters)

Write something...

Review & Approval

Signatures and dates to confirm review and approval of the JSA.

JSA Completion Date

Enter date...

Job Analyst Signature

Supervisor/Manager Approval

Reviewer Name (if different from analyst)

Write something...

Date of Last Review

Enter date...

Review Interval (months)

Enter a number...

Comments/Notes (regarding review and approval)

Write something...

Revision History

Tracking changes made to the JSA over time. Include date, reason for change, and initials of who made the change.

Revision Date

Enter date...

Revision Number

Write something...

Description of Changes

Write something...

Prepared By (Initials)

Write something...

Prepared Signature**Reviewed By (Initials)**

Write something...

Reviewed Signature

Equipment & Tools Checklist

Verifying that necessary equipment and tools are available, in good working order, and used correctly.

Equipment Condition - Visual Inspection
☐ Good
☐ Fair
☐ Poor - Needs Repair

Equipment Last Inspection Date (YYYY-MM-DD)

Enter a number...

Tool Condition - General
☐ Excellent
☐ Good
☐ Needs Maintenance
☐ Unsafe - Do Not Use

Essential Tools Required

- ☐ Wrench Set
- ☐ Screwdriver Set
- ☐ Measuring Tape
- ☐ Safety Glasses
- ☐ Gloves
- ☐ Level
- ☐ Hammer
- ☐ Specialized Tool (Specify in LONG_TEXT)

Specify Specialized Tool (if selected above)

Write something...

Guard Placement

- ☐ Present and Functioning
- ☐ Missing
- ☐ Damaged

Calibration Status (if applicable)

- ☐ Calibrated and Within Tolerance
- ☐ Calibration Expired
- ☐ Not Applicable