


# 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)**

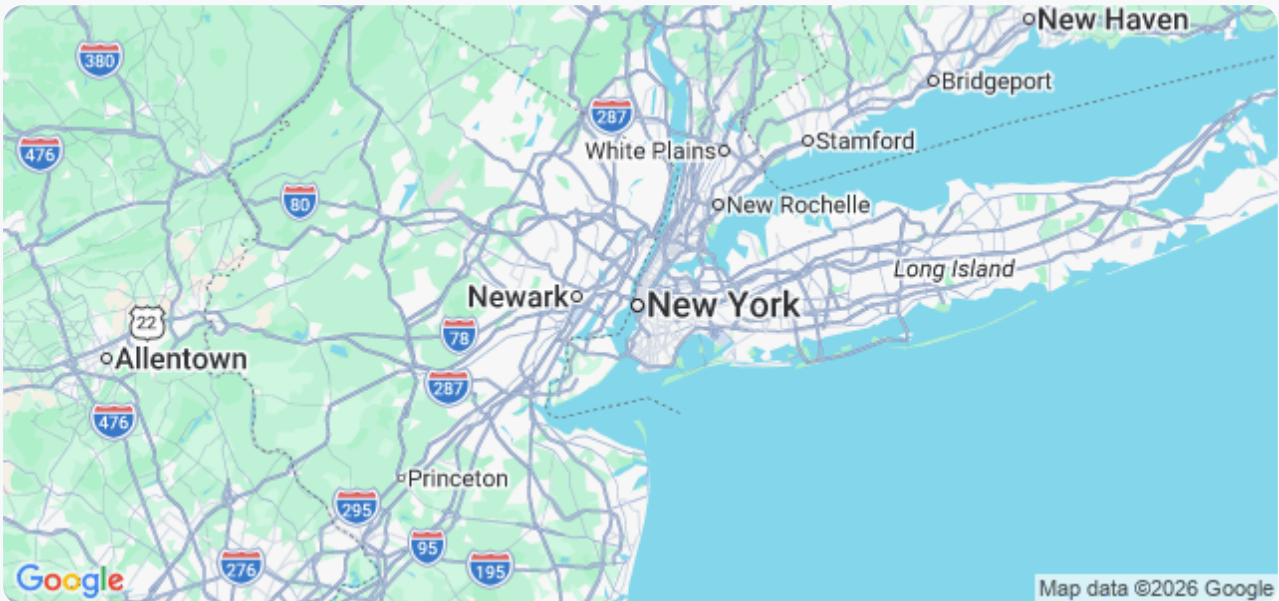
Write something...

### 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)

## 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