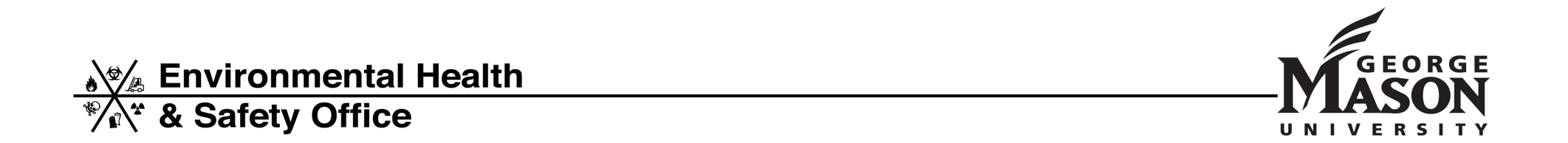
**Job Safety Analysis Form**



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Job/Task:** | | | | | **Date** (MM/DD/YYYY): | | | | | **New:** | **Revised:** |
|  | | | | |  | | | | |  |  |
| **JSA Number and Year** (EHS Assigns): | | | **JSA Written By:** | | **JSA Reviewed** (EHS)**:** | | | **Location(s):** | | | |
|  | | |  | |  | | |  | | | |
| **Hazard Types (HT):** | | | | | **Special Instructions & Equipment:** Please use this space to note any immediately dangerous to life or health precautions necessary to complete this task safely, and all other Safety Plans, Guides, or Procedures applicable. | | | | | | |
| 1. Toxic Chemicals 2. Flammable Chemicals 3. Corrosive Chemicals 4. Environmental 5. Explosion (Chemical Reactions) 6. Explosion (Over pressurization) 7. Mechanical/Vibration 8. Electrical (Shock, Short Circuit) 9. Electrical (Fire) 10. Electrical (Static, ESD) 11. Electrical (Loss of Power) 12. Ergonomic (Overexertion) 13. Ergonomic (Human Error) | | 1. Fall (Slips/Trips) 2. Fall (to a Different Level) 3. Excavation (Collapse) 4. Fire, Heat, Thermal, Cold 5. Noise 6. Radiation (Ionizing/Nonionizing) 7. Visibility 8. Weather 9. Caught (In, On, Between) 10. Struck (By, Against) 11. Contact with 12. Other | | |
|  | | | | | | |
| **Required Training:** | | | | **Required PPE:** | | |
|  | | | |  | | |
| **Lockout/Tagout Required?** | | | | **Permit-Required Confined Space?** | | **Fall Protection Required?** | | | | | |
| Yes  No | | | | Yes  No | | Yes  No | | | | | |
| **Sequence of Job Steps:** | | | | **Potential Hazard:** | | **HT** (#)**:** | **PPE & Control Measures:** | | | | |
| 1 |  | | |  | |  |  | | | | |
| 2 |  | | |  | |  |  | | | | |
| 3 |  | | |  | |  |  | | | | |
| 4 |  | | |  | |  |  | | | | |
| 5 |  | | |  | |  |  | | | | |
| 6 |  | | |  | |  |  | | | | |
| 7 |  | | |  | |  |  | | | | |
| 8 |  | | |  | |  |  | | | | |
| 9 |  | | |  | |  |  | | | | |
| 10 |  | | |  | |  |  | | | | |
| 11 |  | | |  | |  |  | | | | |
| 12 |  | | |  | |  |  | | | | |
| 13 |  | | |  | |  |  | | | | |
| 14 |  | | |  | |  |  | | | | |
| 15 |  | | |  | |  |  | | | | |

**Notes:**

* Forms must be submitted to [safety@gmu.edu](mailto:safety@gmu.edu?subject=JSA%20Submission) for review and posting to the JSA website at [ehs.gmu.edu](http://ehs.gmu.edu/).
* JSA must be reviewed annually by supervisors.
* All employees should review and have access to JSA that are applicable to their work tasks.
* Any exposure to hazardous materials or injuries must be reported to Human Resources and Payroll Worker’s Compensation using an [Employer’s First Report of Accident Form](http://hr.gmu.edu/forms_standard/benefits/EmployersFirstReportOfAccident.pdf).
* All accidents, property damages, or emergencies that do not result in employee injuries or exposures must be reported to EHS using the university [Incident Report Form](http://ehs.gmu.edu/wp-content/uploads/2015/09/IncidentReportForm.pdf).