JOB SAFETY ANALYSIS (JSA) FORM

Pre-Task Risk Identification, Hazard Analysis & Safe Work Control Plan

Document Title	Document Reference	Revision	Effective Date	Page
Job Safety Analysis (JSA) Form	THV-HSE-TMP-002	00		Page 1 of 6

1. JSA IDENTIFICATION & GENERAL DETAILS

Project / Site:		**Client / Organization:**	
Contractor / Company:		**Department / Work Area:**	
Exact Work Location:		**JSA Title / Task Name:**	
JSA Number:		**Date Prepared:**	
Planned Start Date:		**Planned Completion Date:**	
Work Shift:		**Supervisor in Charge:**	
JSA Prepared By:		**JSA Reviewed By:**	
Related Permit / Auth:		**Related Method Statement:**	

2. TASK DESCRIPTION & SCOPE OF WORK

Describe the task and the scope of work covered by this JSA. Clearly identify the activity being analyzed and its boundaries.

3. PERSONNEL & RESOURCES REQUIRED

Personnel Required:	☐ No. of Workers: ____ ☐ Supervisor: _____ ☐ Competent Person: _____ ☐ Specialist: _____	**Equipment / Plant / Tools:**	Equipment: _____ Plant / Vehicles: _____ Tools: _____
Materials / Chemicals:	Materials: _____ Chemicals / HazMat: _____ SDS Required: ☐ Yes ☐ No	**Access & Work Environment:**	☐ Scaffolding / Platform ☐ MEWP / Manlift ☐ Confined Space Entry ☐ Excavation / Trench
Lifting / Rigging Gears:	☐ Crane / Hoist Required ☐ Lifting Tackle Inspected ☐ Rigging Plan Approved	**Power & Energy Sources:**	☐ Electrical (___V) ☐ Pneumatic / Hydraulic ☐ Fuel / Gas Power Tools

4. REQUIRED COMPETENCY & AUTHORIZATION

☐ Task-specific training required	☐ Operator authorization required
☐ Permit to Work (PTW) required	☐ Competent person designated
☐ Equipment certification verified	☐ Medical / fitness confirmed

☐ Other competency requirement: _____

Specific Competency / Certification Requirements Details:

5. PRE-TASK VERIFICATION CHECKLIST

☐ Work area inspected & safe	☐ Workers briefed on JSA	☐ Required PPE available	☐ Isolations confirmed (LOTO)
☐ Task scope understood	☐ Competent personnel confirmed	☐ Emergency arrangements confirmed	☐ Weather / conditions assessed
☐ Method statement reviewed	☐ Equipment inspected & certified	☐ Access / egress confirmed safe	☐ Environmental controls set
☐ Required permit obtained	☐ Tools inspected & color-coded	☐ Work area barricaded / signed	☐ Other: _____

6. MAIN JSA TASK STEP HAZARD ANALYSIS & CONTROL PLAN

Break the job down into logical sequential steps. For each step, identify hazards, potential consequences, existing controls, initial risk level, additional required controls, responsible person, and residual risk level.

Step No.	Job Step / Activity Sequence	Hazards Identified	Potential Consequences	Existing Controls	Initial Risk (L × S)	Additional / Required Controls	Responsible Person & Residual Risk
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

7. RISK ASSESSMENT MATRIX & METHODOLOGY

Risk Score = Likelihood × Severity. Use the matrix below to evaluate initial and residual risk ratings.

Likelihood Rating Scale:	**Severity Rating Scale:**
1 - Rare: Unlikely under normal circumstances	1 - Insignificant: No significant injury or impact
2 - Unlikely: Could occur occasionally	2 - Minor: First aid injury, minor equipment damage
3 - Possible: Might occur during activity	3 - Moderate: Medical treatment, localized damage
4 - Likely: Expected to occur in some circumstances	4 - Major: Serious injury, lost time, major damage
5 - Almost Certain: Expected to occur frequently	5 - Severe / Catastrophic: Fatality, permanent disability

Risk Level Action Criteria:

Score Range	Risk Level	General Action Required
1 – 4	Low	Maintain standard controls and routine monitoring.
5 – 9	Moderate	Implement additional specific controls where required.
10 – 16	**High**	Improve controls before proceeding. Senior oversight required.
17 – 25	**Critical**	DO NOT PROCEED. Work stopped until risk is reduced.

Note: The risk matrix is provided as a practical example and should be reviewed and aligned with the organization's approved risk assessment methodology before formal use.

8. HIERARCHY OF CONTROLS & CRITICAL SAFETY REQUIREMENTS

Select controls based on the hazards and task conditions in order of effectiveness: 1. Elimination | 2. Substitution | 3. Engineering Controls | 4. Administrative Controls | 5. PPE. PPE should not be treated as the sole control where higher-level controls are reasonably practicable.

Critical Controls / Key Safety Requirements (Must be maintained throughout task):

9. PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS

☐ Safety Helmet (Hard Hat)	☐ Safety Footwear (Steel Toe)	☐ High-Visibility Clothing
☐ Safety Glasses / Goggles	☐ Work Gloves (Task Specific)	☐ Hearing Protection (Plugs/Muffs)
☐ Respiratory Protection (Mask)	☐ Fall Protection Harness & Lanyard	☐ Face Shield (Grinding/Chemical)
☐ Chemical Protective Suit	☐ Welding Mask / Shield	☐ Other: _____

Task-Specific PPE Specifications / Ratings: _____

10. EMERGENCY PREPAREDNESS & RESPONSE

Emergency Contact / Radio:		**Emergency Assembly Point:**	
First Aid Box Location:		**First Aider Name / Contact:**	
Emergency Access / Egress:		**Nearest Medical Facility:**	

Rescue Equipment / Plan:		**Emergency Equipment Required:**	

Task-Specific Emergency Actions / Evacuation Protocol:

11. ENVIRONMENTAL CONTROLS & WASTE MANAGEMENT

☐ Dust suppression / watering	☐ Noise containment / timing	☐ Spill kit on site & ready
☐ Waste segregation bins	☐ Chemical drip tray / bunding	☐ Drainage protection / covers
☐ Fuel / oil refuel containment	☐ Sensitive receptor protection	☐ Other: _____

Environmental Control Requirements / Mitigation Notes:

12. COMMUNICATION & WORKER ACKNOWLEDGEMENT

JSA Briefing Date: _____	**Briefed By (Supervisor):** _____	**Language(s) Used:** _____
Questions / Concerns Raised by Work Team: _____		

By signing below, workers acknowledge that the JSA was communicated to them, they understand the hazards and controls, and they had an opportunity to raise questions or concerns.

No.	Worker Name	Job Title / Trade	Signature / Initials	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

13. JSA REVIEW & CHANGE MANAGEMENT

Does the JSA require review/revision due to changes during work? ☐ Yes ☐ No

Possible Review Triggers (Select all applicable):

☐ Change in work method	☐ New hazard identified	☐ Change in personnel / team
☐ Change in equipment / tools	☐ Environmental / weather change	☐ Permit conditions updated
☐ Change in work location	☐ Incident / near miss occurred	☐ Other: _____

Description of Change / New Hazards Identified & Revised Controls:

JSA Revision / Review Date: _____ Reviewed By: _____ Signature: _____

14. JSA APPROVAL & AUTHORIZATION

Role / Designation	Name	Signature	Date
JSA Prepared By (Supervisor/Eng)			
Supervisor / Person in Charge			
HSE Representative / Reviewer			
Authorized Manager (If required)			

15. FINAL PRE-START SAFETY CONFIRMATION

☐ JSA reviewed with work team	☐ Permits / authorizations active	☐ Emergency arrangements ready
☐ Task hazards clearly understood	☐ Equipment and tools checked	☐ Work area ready & safe
☐ Required controls implemented	☐ Site conditions re-assessed	☐ **WORK MAY PROCEED**

Supervisor / Person in Charge Sign-off: _____ Date / Time: _____