



Job Safety Analysis

Questions? Call (317) 419-1476

<u>COMPANY/ PROJECT NAME or ID/ LOCATION (City, State)</u>	DATE	<u>Customer Job contact</u>
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WORK ACTIVITY (Description):

Major job tasks for the week	Potential risks	Preventative Measures

MANDATORY PPE	Emergency Contact Numbers
<input checked="" type="checkbox"/> HARD HAT <input checked="" type="checkbox"/> SAFETY GLASSES	<input checked="" type="checkbox"/> SAFETY SHOES <input checked="" type="checkbox"/> GLOVES FOR THE TASK
Emergency Medical Assistance: 911	
Project numbers:	
PLS Project Manager:	

PERSONAL PROTECTIVE EQUIPMENT	ENVIRONMENT	PHYSICAL HAZARDS
<input type="checkbox"/> GOGGLES <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> HEARING PROTECTION <input type="checkbox"/> SPECIAL GLOVES <input type="checkbox"/> SPECIAL FOOT PROTECTION <input type="checkbox"/> REFLECTIVE VEST <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> OUTERGARMENTS (COATS/BIBS) <input type="checkbox"/> OTHER:	<input type="checkbox"/> HOT <input type="checkbox"/> COLD <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> WIND <input type="checkbox"/> FOG <input type="checkbox"/> OPEN WATER <input type="checkbox"/> DARKNESS <input type="checkbox"/> OTHER:	<input type="checkbox"/> MANUAL LIFTING <input type="checkbox"/> AWKWARD LOAD OR POSITION <input type="checkbox"/> PROLONGED BENDING <input type="checkbox"/> PROLONGED TWISTING <input type="checkbox"/> EXCESSIVE PUSHING <input type="checkbox"/> EXCESSIVE CARRYING <input type="checkbox"/> HEAVY OBJECTS (>50LBS) <input type="checkbox"/> OTHER:

EQUIPMENT USE/OPERATION	HAZARD CONTROL	FALL PROTECTION <input type="checkbox"/> N/A
<input type="checkbox"/> FORKLIFT TRAINED <input type="checkbox"/> EXTENDABLE FORKLIFT TRAINED <input type="checkbox"/> SCISSOR LIFT TRAINED <input type="checkbox"/> BOOM LIFT TRAINED <input type="checkbox"/> EXTENDABLE FORKLIFT TRAINED <input type="checkbox"/> PORTABLE LADDERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> LOTO <input type="checkbox"/> CHEMICAL <input type="checkbox"/> SDS AVAILABLE <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> BARRICADES <input type="checkbox"/> OTHER:	<input type="checkbox"/> 100% TIE-OFF <input type="checkbox"/> PROPER ANCHORAGE POINT <input type="checkbox"/> EQUIPMENT INSPECTED DAILY <input type="checkbox"/> STAIRS / FLOOR GUARDRAILS <input type="checkbox"/> WALKING / WORKING SURFACES <input type="checkbox"/> SAFE WALKING ZONES <input type="checkbox"/> OTHER:

STOP WORK: CONTACT PLS SAFETY (317 419-1476) OR PM IMMEDIATELY
 If any of the boxes below are marked

<input type="checkbox"/> UNCONTROLLED HAZARDS <input type="checkbox"/> OTHER UNTRAINED WORKERS <input type="checkbox"/> CONFINED SPACE ENTRY WORK <input type="checkbox"/> ASKED TO DO WORK WHERE NOT QUALIFIED	<input type="checkbox"/> STOP WORK HAZARD IDENTIFIED <input type="checkbox"/> UNSAFE COWORKERS <input type="checkbox"/> UNSAFE AIR QUALITY <input type="checkbox"/> ANY TASK OR CONDITION THAT IS UNSAFE
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PRINT NAME	SIGNATURE