



Job Safety Analysis (JSA) – Miami Operations



Follow SOPs and Policies, make safe choices, and use consequence thinking to ensure you go home safely!

Identify and evaluate potential energy, exposure and hazards, then mitigate them through the hierarchy of controls.

Complete this form at the job site with all involved employees. If/When, conditions change STOP work and review/update with all involved.

Equipment #:	Work Area:	Date:
Job Description: <input type="checkbox"/> Routine <input type="checkbox"/> Non-Routine		
Work Order#:	Is there an SOP for this Job? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was the SOP Reviewed? YES <input type="checkbox"/> NO <input type="checkbox"/>
Job Step:	Hazard:	Control:
1.		
2.		
3.		
4.		
5.		

Utilize the backside of this document to note any additional information (i.e. additional hazards, controls, tools, etc.)

Fatal Risk Management - if any apply fill out and attach FRM checklist

FRM Master Check List

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Collision or Rollover	Vehicle Impact on Person	Fall from Heights	Confined Space	Contact with Electricity	Uncontrolled Release of Energy	Entanglement and Crushing	Aircraft Operation	Falling Objects
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure-Acute	Exposure-Chronic	Ground Failure	Drowning	Fire	Molten Material	Lifting Operation	Rail-Person	Rail-Collision

Additional Hazard Identification

Work Environment: <input type="checkbox"/> Illumination <input type="checkbox"/> Visibility <input type="checkbox"/> Engulfment <input type="checkbox"/> Weather <input type="checkbox"/> High wall/Slope <input type="checkbox"/> Water <input type="checkbox"/> Wildlife/Insects <input type="checkbox"/> Dust <input type="checkbox"/> Atmosphere <input type="checkbox"/> Spill Kit <input type="checkbox"/> Trash/Recycle <input type="checkbox"/> Noise Other _____	Energy Source: <input type="checkbox"/> Electricity <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mechanical <input type="checkbox"/> Thermal <input type="checkbox"/> Pneumatic (Air) <input type="checkbox"/> Gravity <input type="checkbox"/> Chemical <input type="checkbox"/> Corrosive <input type="checkbox"/> Radiation <input type="checkbox"/> Explosive <input type="checkbox"/> Stored/Under Pressure Other _____	Line Of Fire: <input type="checkbox"/> Overhead Work <input type="checkbox"/> Power Lines/Cables <input type="checkbox"/> Material Handling <input type="checkbox"/> Trenching/Excavating <input type="checkbox"/> Tooling Failure <input type="checkbox"/> Constricted Work Area <input type="checkbox"/> Fly Metal <input type="checkbox"/> Arc Flash/Blast <input type="checkbox"/> Objects in Motion <input type="checkbox"/> Pipe Handling <input type="checkbox"/> Mobile Equipment <input type="checkbox"/> Clearances <input type="checkbox"/> Congestion/Traffic Other _____	Personal/Behavior: <input type="checkbox"/> Communication <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Slips/Trips/Falls <input type="checkbox"/> Housekeeping <input type="checkbox"/> Pinch Points <input type="checkbox"/> Ergonomics <input type="checkbox"/> Fatigue <input type="checkbox"/> Hydration <input type="checkbox"/> Footing/Uneven Ground <input type="checkbox"/> Training/Qualified/Competent <input type="checkbox"/> Ascending/Descending <input type="checkbox"/> Interaction with Equipment Other _____
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Controls (Stop work if missing or insufficient)

Elimination	<input type="checkbox"/> Lock Out Tag Out Try Out (LOTOTO) <input type="checkbox"/> Blocking/Isolation <input type="checkbox"/> Access Control/Barriers <input type="checkbox"/> Flagging/Signage <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Lights/Signals <input type="checkbox"/> Equipment/Tooling <input type="checkbox"/> Rest/Breaks <input type="checkbox"/> Spotter/Signal Person <input type="checkbox"/> Vehicle Safety Devices <input type="checkbox"/> Standard Operating Procedure (SOP) <input type="checkbox"/> Process	Permit/Form: <input type="checkbox"/> Hot Work <input type="checkbox"/> Blue Stake <input type="checkbox"/> Critical Lift <input type="checkbox"/> HDPE <input type="checkbox"/> Work Area Examination <input type="checkbox"/> Confined Space Other: _____	Behavior: <input type="checkbox"/> Inspect tools/equipment <input type="checkbox"/> Consequence Thinking <input type="checkbox"/> Fit For Duty <input type="checkbox"/> Hand/Body Positioning <input type="checkbox"/> Communication
Substitution			
Engineering			
Administrative			
PPE			

PPE Beyond Minimum Required

<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Respirator	<input type="checkbox"/> Arc Flash Clothing	<input type="checkbox"/> Acid Suit	<input type="checkbox"/> Welding Gear	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Gloves	<input type="checkbox"/> Coveralls	<input type="checkbox"/> Flame Retardant Hood	<input type="checkbox"/> Ear Plugs/Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Aluminized Jacket
<input type="checkbox"/> Spats	<input type="checkbox"/> Knee Pads	<input type="checkbox"/> UV Eye Protection	<input type="checkbox"/> Life Vest	<input type="checkbox"/> Other: _____	

Acknowledgement & Commitment to Safety I am responsible for my safety and my co-workers safety. I am obligated to stop unsafe work.

Payroll #	(and contractor co.)	Initials	Payroll #	(and contractor co.)	Initials	Payroll #	(and contractor co.)	Initials

Supervisor:	Payroll #:	Contact #:	Date
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I/We have identified all hazards. <input type="checkbox"/> Yes <input type="checkbox"/> No	I/We have evaluated all risk. <input type="checkbox"/> Yes <input type="checkbox"/> No	I/We have all controls in place. <input type="checkbox"/> Yes <input type="checkbox"/> No
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