Job Safety Analysis Form

Company Name: _____________________________  Project: _________________________________

Contractor: _________________________________  Supervisor in Charge: ______________________

Work Location: ______________________________  Estimated start date/duration: _______________

Work Description: ______________________________________________________________________

Trade Groups (including subcontractors): __________________________________________________

Major Equipment: ______________________________________________________________________

Reference Material: ____________________________________________________________________

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<tr>
<th>Job Steps</th>
<th>Hazards</th>
<th>Barriers or Controls</th>
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Prepared By: ______________________________________________________________________

Approved By: ________________________________________  Date Approved: _________________

Instructions:
1. To be prepared by the supervisor most directly involved in the work.
2. Must be approved by preparer’s management supervisor.
3. Must be reviewed by all workers involved in the work.
4. Emergency plan must be considered.
5. If the work plan changes and the JSA is amended, changes must be reviewed by all workers involved in the work.

Download form at ihsa.ca/logbook