

# Job Safety Analysis Form

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Company Name: \_\_\_\_\_ Project: \_\_\_\_\_

Contractor: \_\_\_\_\_ Supervisor in Charge: \_\_\_\_\_

Work Location: \_\_\_\_\_ Estimated start date/duration: \_\_\_\_\_

Work Description: \_\_\_\_\_

Trade Groups (including subcontractors): \_\_\_\_\_

Major Equipment: \_\_\_\_\_

Reference Material: \_\_\_\_\_

Job Steps	Hazards	Barriers or Controls

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.



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