Performance Insulation Contractors, Inc.
Job Safety Analysis

Task: _____ Date: _____

Permit / Work Order #: _____ Crew Size: _____

Evacuation Route: _____ Supervisor: _____

Location of Shower & Eyewash: _____ Plant Name: _____

Wind Direction: _____ City, State: _____

Y	N	NA	Personal Protective Equipment
			Gloves/Leather
			Gloves/Other
			Hearing Protection
			Safety Glasses
			Safety Goggles
			Hazard Resistant
			Clothing
			Rubber Boots
			Fall Protection
			Other

Y	N	NA	General Requirements
			Post Warning Signs
			Relocate Flammables
			Barricades
			Ventilation/Exhaust

Y	N	NA	Specialized Operations
			Lock Out / Tag Out
			Line Breaking
			Confined Space Entry
			Evacuations
			Shoring
			Hot Tap
			Scaffolding
			Abestos Abatement
			Working Energized
			Electrical Circuit
			Crane Suspended
			Work Platform
			Other - Notify Mgmt
			for Procedures

Y	N	NA	Tools
			Proper Tools
			Current Inspection
			Good Tool Condition
			Qualifications

Y	N	NA	Lifting
			Forklift
			Cherry Picker
			Crane
			Carry Deck
			Chainfall
			Proper Rigging
			Manual Lifting
			Equipment Conditon
			Other

Y	N	NA	Permits
			Required?
			See Work Order
			Hazard Work Permit
			Entry Permit
			Confined Space
			Hole Watch
			Sign Off When Job
			is Completed
			Other

Y	N	NA	Hazard Communication
			Health Hazards
			Physical Hazards
			MSDS Available?

Y	N	NA	Hazards (Environ.)
			Airborne Articulates
			Electrical Shock
			Heat Stress
			Heavy Objects
			Hot/Cold Surfaces
			Restricted Lighting
			Noise
			Sharp Objects
			Access/Egress
			Sharp Objects
			Moving Equipment
			Elevated Work Area
			Steam

Y	N	NA	Access
			Scaffold Inspected
			Ladder (Tied Off)
			Manlift
			Spider
			Special Provision
			Scissor Lift
			JLG Style Lift
			Other

Y	N	NA	Units Specific Training
			Known Potential Hazard

Y	N	NA	Hazards (Chemical)
			Chem Burns - Eyes
			Chem Burns - Skin
			Chem Burns - Lungs
			Eye Protection Areas
			Ingestion
			Inhalation
			Skin Contamination
			Benzene

Y	N	NA	Hazards (Body)
			Fall Potential
			Pinch Points
			Slip/Trip/Fall Potential
			Cuts

Y	N	NA	Housekeeping
			Walkways
			Work Area
			Tools Stored Properly
			Materials Stored
			Equipment Stored
			Trash/Scrap Disposal

Other Safety or Special Concerns:

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