

JOB SAFETY ANALYSIS (JSA) TEMPLATE

Last Updated: February 2026

Provided by support.construction

JOB INFORMATION

Project Name: _____

Project Number: _____

JSA Number: _____

Date Prepared: _____

Prepared By: _____

Job/Task Description: _____

_____ :

Location/Area: _____

Estimated Duration: _____

Number of Workers: _____

Subcontractor (if applicable): _____

Weather Conditions: _____

RISK ASSESSMENT MATRIX (Use for rating each hazard below)

SEVERITY (S):

PROBABILITY (P):

1 = Minor (first aid only) 1 = Rare (very unlikely)

2 = Moderate (medical treatment) 2 = Unlikely (happened in industry)

3 = Serious (lost time injury) 3 = Possible (happened on similar projects)

4 = Critical (permanent disability) 4 = Likely (happened on this project)

5 = Catastrophic (fatality) 5 = Almost certain (expected without controls)

RISK SCORE = S x P

1-4 = LOW (standard precautions)

5-6 = MEDIUM (implement controls, monitor)

8-10 = HIGH (controls verified before work, supervisor monitors)

12-25 = EXTREME (stop - redesign task or get safety director approval)

JOB STEPS, HAZARDS, AND CONTROLS

STEP 1:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

_____ :

Responsible Person: _____

STEP 2:

Task Description: _____

Potential Hazards: _____

Risk Rating: _____

Controls/Precautions: _____

_____ : _____
Responsible Person: _____

STEP 3:

Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

_____ : _____
Responsible Person: _____

STEP 4:

Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

_____ : _____
Responsible Person: _____

STEP 5:

Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

_____ : _____
Responsible Person: _____

STEP 6:

Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

_____ : _____
Responsible Person: _____

STEP 7:

Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

_____ : _____
Responsible Person: _____

STEP 8:

Task Description: _____

Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

Responsible Person: _____

STEP 9 (if needed):
Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

Responsible Person: _____

STEP 10 (if needed):
Task Description: _____
Potential Hazards: _____
Risk Rating: _____
Controls/Precautions: _____

Responsible Person: _____

ENVIRONMENTAL CONDITIONS

Temperature: _____
& Heat illness prevention plan in effect (>80°F)
& Cold stress prevention plan in effect (<40°F)
& High wind plan in effect (>25 mph)
& Lightning safety plan in effect (storms within 10 miles)
& Wet/slippery conditions — additional controls needed
Environmental Notes: _____

PERSONAL PROTECTIVE EQUIPMENT (PPE)

MINIMUM REQUIRED (check all that apply):
& Hard Hat (Type: _____)
& Safety Glasses (ANSI Z87.1)
& Hearing Protection (Type: _____ NRR: _____)
& Safety Boots (ASTM F2413 Steel/Composite Toe)
& Work Gloves (Type: _____)
& High-Vis Vest (ANSI Class: _____)
TASK-SPECIFIC PPE (check all that apply):
& Fall Protection Harness + Lanyard/SRL
& Respirator (Type: _____ Cartridge: _____)
& Chemical-Resistant Gloves (Type: _____)
& Cut-Resistant Gloves (Level: _____)

- & Face Shield (Type: _____)
- & Arc Flash PPE (Cal Rating: _____ cal/cm²)
- & Voltage-Rated Gloves (Class: _____)
- & Welding Hood/Goggles (Shade: _____)
- & Knee Pads
- & Chaps/Leg Protection
- & Rubber Boots
- & Other: _____
- & Other: _____

PERMITS AND CERTIFICATIONS REQUIRED

- & Hot Work Permit (Permit #: _____)
- & Confined Space Entry Permit (Permit #: _____)
- & Excavation/Trenching Permit (Permit #: _____)
- & Critical Lift Plan (Plan #: _____)
- & Lockout/Tagout Authorization
- & Energized Work Permit
- & Other Permit: _____ (#: _____)

Competent Person Required: & Yes & No

If Yes, Name: _____

Qualified Person Required: & Yes & No

If Yes, Name: _____

TRAINING REQUIREMENTS

Required Training (check all that apply):

- & OSHA 10-Hour Construction
- & OSHA 30-Hour Construction
- & Fall Protection
- & Scaffold User
- & Confined Space Entry
- & Lockout/Tagout (LOTO)
- & Electrical Safety / NFPA 70E
- & Excavation / Trenching Safety
- & Crane Signaler / Rigger
- & Hazard Communication (HazCom)
- & Silica Awareness
- & Respiratory Protection / Fit Test
- & First Aid / CPR / AED
- & Forklift / Equipment Operation
- & Hot Work / Fire Watch
- & Other: _____

Verify all workers have required training before signing below.

EMERGENCY PROCEDURES

Emergency Contacts:

Safety Director: _____

Site Supervisor: _____

Project Manager: _____

911 for all life-threatening emergencies

First Aid Kit Location: _____

AED Location: _____

Eye Wash Station: _____

Fire Extinguisher: _____

Spill Kit Location: _____

Evacuation Route: _____

Muster Point: _____

Nearest Hospital: _____

Hospital Address: _____

Estimated Drive Time: _____

WORKER ACKNOWLEDGMENT

By signing below, I confirm that:

- I have reviewed this JSA and understand all identified hazards
- I understand the controls and will follow them
- I have the required training for this task
- I have been provided the required PPE
- I will stop work and notify my supervisor if conditions change

Name (Print) | Signature | Date | Company/Trade

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APPROVAL

Prepared By: _____

Signature: _____

Reviewed By: _____

Signature: _____

Approved By: _____

Signature: _____

REVISION LOG

Rev # | Date | Description of Change | Changed By

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| 1 | | | |
| 2 | | | |
| 3 | | | |

NOTES

Additional Notes:

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| | : | |

Hierarchy of Controls Reminder (apply in this order):

1. ELIMINATION - Remove the hazard entirely
 2. SUBSTITUTION - Replace with something less hazardous
 3. ENGINEERING CONTROLS - Physically isolate workers from hazard
 4. ADMINISTRATIVE CONTROLS - Change how work is done
 5. PPE - Personal Protective Equipment (last resort)
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