



2000 Park Place Drive Suite 215
Washington, PA 15301

Job Safety Analysis (JSA) Checklist

Date: / /	Site Name:	GPS Coordinates:	
Your Name (please print)		Nearest Hospital:	
Work Description		Company Man:	
Operator	EQT Edgemarc Hilcorp Tughill Range Cabot XTO CNX OTHER _____		
Primary Muster Location			

Safety Equipment Required To Do This Job

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Face Shield/Goggles	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Gas Detector	<input type="checkbox"/> Safety Vests
<input type="checkbox"/> Metatarsals	<input type="checkbox"/> Cotton/Rubber Gloves	<input type="checkbox"/> Ground Static Cable	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Helmets
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Rubber Boots & Apron	<input type="checkbox"/> Wheel Chocks	<input type="checkbox"/> Eye Wash	<input type="checkbox"/> Lights
<input type="checkbox"/> Coveralls (FR)	<input type="checkbox"/> Safety Harness/Anti-fall Device	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> SCBA	<input type="checkbox"/> Other
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Rescue Lanyard & Rope	<input type="checkbox"/> Communications	<input type="checkbox"/> MSDS on Site	

Pre-Job Hazard Assessment

<p>Lifting</p> <p>Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Mechanical Lifting Equipment <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Slip/Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Lifting w/Other Employees <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Permits</p> <p>Hot Work <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Confined Space <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Lockot Tagout (LOTO) <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Hazards</p> <p>Proper Tool/Material Placement <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Hot/Cold Surface or Material <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Inadequate Lighting <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Fall Protection/Anchor Points <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Hand & Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Is H S Present? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Simultaneous Operations</p> <p>Are simultaneous operations occurring on site? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Have all operations been notified of work being performed? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Body Position/Movement</p> <p>Climbing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Pulling, Pushing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Bending <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Twisting Motion <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Walking <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Crawling <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Straining <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Stretching <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Reaching <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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Sequence of Basic Job Steps	Potential At-Risk Behaviors or Other Hazards	Action Taken to Eliminate or Reduce Potential Hazards

Environmental Conditions

Wind Speed and Direction	Weather	Temperature	Light Conditions
Put a check mark next to the one that applies the best in each category below.			
Supervision Availability	Location	Type of Job	Work Area
None on Location	Elevated	Routine	Open
Intermittent	Below Ground Level	Medium	Tight
Foreman/Pusher	Confined Space	Complex	Congested
On Locations	Ground Level		Intrinsically Safe Radio

All Personnel must read and sign this JSA to work around TJD Energy Services, LLC. Do not sign if you have not read and understood the activities TJD Energy Services, LLC are engaged in. All applicable permits must be completed and on location before work starts. Verify that all safety equipment is in place. Make sure your 4 gas monitors are charged and calibrated.

Print Name	Signature	Company

I have personally inspected the worksite & confirm that it is safe for the work described *(To be completed by the Responsible Person on the job site)*

Authorized Signature _____ Print Name _____

NOTE: Back side of form can be used for additional menus