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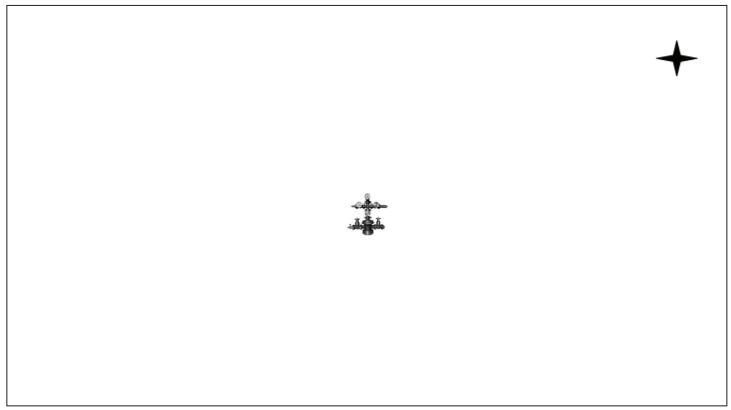
Date:	Job Safety And	alysis Ticket #:				
JSA Completed By:		Customer:				
Description of Work:	Location of Work:					
Emergency Contact #:		Latitude:				
Emergency Contact Name:		Longitude:				
Safety equipment required to do this job. (Check all that apply)						
Steel Toed Boots   Safety Glasses	Work Permit RequiredH2SFace ShieldsWhLock Out/Tag outPro	bund Cables   Hearing Protection     S/Tri-Monitors   Safety Belts     beel Chocks/Cones   Anti Fall Device     oper Clothing   Other:				
Pre-Job Hazard Assessment       Driving Hazard:     Pre-Job Hazard Assessment     Chemical Hazards						
Backing   Proper Tool   Manual Lifting     360° Walk Around   Hot/Cold Surfaces   Mechanical Li     Use Spotter / Cones   Inadequate Lighting   Awkward Bod     Journey Management   Fall Protection   Lifting w/Othe     Proper Rigging Practices   Pinch Points   Heat/Cold     Power Lines on Location   Trenching/Excavation   Tool Designed		anual LiftingHealth Hazardechanical LiftingEnvironmental Hazardwkward Body PositionFlammable/Combustibleing w/OthersHydrochloric Acidat/ColdCorrosiveol Designed for PurposeOxidizerPosition/Movement:H2S PresentmbingEnvironmental Conditionslling/PushingLocal Weather Alertsisting MotionHeat Stress/Cold StressndingMud: Slick				
Sequence of Basic Job Step	ps Potential At-Risk Haza	ards Actions Taken to Eliminate or Reduce Hazards				
	Mechanice Notion See So more lite Radiation Biologica					

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Job Safety Analysis JSA Performed to Protect Undersigned Employees

Date	Company	Name	Signature

## **Diagram of Location**



\* Identify muster area and wind direction.