

JOB SAFETY ANALYSIS (JSA) – VENUE FORM

(1) JOB INFORMATION			
Date:	Job Name:	Job Number:	Latitude:
Physical Address:		Crew Foreman:	Longitude:
Venue Type:			
(2) EMERGENCY PROCEDURES (List Telephone Numbers and Attach Directions to the Site)			
Ambulance:	Fire:	Police:	
Local Hospital:	Telephone Co:	Utility Co:	
Emergency Gathering Location (To Be Determined On-site):			
(3) JOB TASKS			
Describe or List all high Risk Activities Involved With Scope of Work:			
1.	2.	3.	
4.	5.	6.	
7.	8.	9.	
HAS A PRE-TASK PLAN / MEETING TAKEN PLACE AND IS UNDERSTOOD BY ALL CREW MEMBERS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
(4) CHECK WORK BEING PERFORMED:			
<input type="checkbox"/> Line and Antennas	<input type="checkbox"/> Modification	<input type="checkbox"/> Batteries	
<input type="checkbox"/> Fiber Installation	<input type="checkbox"/> Testing	<input type="checkbox"/> Other (Describe)	
<input type="checkbox"/> Core Drilling	<input type="checkbox"/> Equipment Installation		
(5) Weather (If Applicable)			
Temperature: _____		Rain: _____	
Humidity: _____		Ice: _____	
Wind: _____		Lightning: _____	
Preventative Action Taken: _____			

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(6) JOBSITE EXPOSURES

HAZARD IDENTIFICATION: ITEMS CHECKED BELOW RELATE TO EXISTING CONDITIONS OR MAY BE A RESULT OF SITE OPERATIONS

Physical Hazards	Health Hazards
<input type="checkbox"/> Confined Space <input type="checkbox"/> Electrical <input type="checkbox"/> Falls From Elevations <input type="checkbox"/> Fire Hazards <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Ladders/Lifts <input type="checkbox"/> Intrusive Activity	<input type="checkbox"/> Other Utilities <input type="checkbox"/> Slips, Trips, or Falls <input type="checkbox"/> Rooftop Protection <input type="checkbox"/> Hot Work <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Vehicle Traffic <input type="checkbox"/> Environmental Surroundings <input type="checkbox"/> Other:
<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Cold Stress <input type="checkbox"/> EME/RF <input type="checkbox"/> Heat Stress <input type="checkbox"/> High Noise (>85 dBA) <input type="checkbox"/> Silica Exposure (Concrete Cutting) <input type="checkbox"/> Asbestos <input type="checkbox"/> Other:	

(7) HAZARD CONTROL MEASURES

Personal Protective and Monitoring Equipment	Inspections (Complete All Prior to Use)	Safety Systems / Training
<input type="checkbox"/> Fall Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Hearing <input type="checkbox"/> Safety Glasses <input type="checkbox"/> RF Monitor <input type="checkbox"/> Reflective Vests	<input type="checkbox"/> Tools <input type="checkbox"/> Equipment <input type="checkbox"/> Rigging <input type="checkbox"/> Housekeeping <input type="checkbox"/> Ground Fault Protection	<input type="checkbox"/> 4-in-1 Sign (Banner of Notices and Warning Signs) <input type="checkbox"/> Barrier/Barricade Devices <input type="checkbox"/> Excavation Log <input type="checkbox"/> Lockout/Tag-out <input type="checkbox"/> Permit System (Hoisting Personnel, Confined Space, Excavation, etc.) <input type="checkbox"/> Pre-approved Plan (Critical Lifts, Controlled Descent, Welding, etc.)

(8) REVIEWS AND SIGNATURES

JSA COMPLETED BY:	Signature:	Date:
Name:		
Crew Foreman	Signature:	Date:
Name:		
Crew Member Name	Signature	
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>

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		Less than 6 Months Experience: <input type="checkbox"/>
Complete daily before beginning work		

WORK AREA SKETCH

END OF SHIFT TASKS: (Please Check all that Apply)			
TASKS	YES	NO	N/A
Site Cleaned up and Secure			
Tools & Equipment Put Away and Secure			
Potential Hazards Addressed for Next Day Scope of Work			



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Did any crew member witness or experience a near miss accident today? YES or NO

If yes please explain:

What actions will be taken to prevent a similar incident?

Report near misses to your manager and/or follow company protocol.