COMPREHENSIVE JSA — PRE-JOB PLAN

COMPANY: _____ **PROJECT / CLIENT:** _____ **JSA NO.:** _____ **DATE:** _____ **REVISION:** _____

JOB / TASK: _____ **LOCATION / UNIT:** _____ **SUPERVISOR / JSA LEAD:** _____

1 SCOPE, LIMITS & SUCCESS CRITERIA

Describe the work, boundaries, exclusions, expected result, and acceptable end state.

_____

_____

_____

_____

2 PEOPLE, ROLES & SIMULTANEOUS WORK

JSA LEAD: _____ **COMPETENT / QUALIFIED PERSON:** _____

EQUIPMENT OPERATOR: _____ **SPOTTER / FIRE WATCH / ATTENDANT:** _____

OTHER CREWS / SIMOPS: _____

3 REQUIRED PPE & PERSONAL READINESS

- ☐ Hard hat
- ☐ Safety glasses
- ☐ Goggles
- ☐ Face shield
- ☐ Hearing protection
- ☐ Work gloves
- ☐ Cut-resistant gloves
- ☐ Chemical gloves
- ☐ Safety-toe footwear
- ☐ High-visibility vest
- ☐ FR clothing
- ☐ Fall protection
- ☐ Respirator
- ☐ Arc-rated PPE
- ☐ Chemical suit / apron
- ☐ Other:

FIT FOR DUTY / LIMITATIONS: _____

4 PERMITS, PLANS & REQUIRED DOCUMENTS

- ☐ Hot work
- ☐ Confined space
- ☐ Excavation
- ☐ Electrical work
- ☐ Line break
- ☐ Critical lift
- ☐ Energized work
- ☐ Work at height
- ☐ LOTO procedure
- ☐ Lift plan
- ☐ SDS / chemical review
- ☐ Traffic control
- ☐ Respiratory plan
- ☐ Rescue plan
- ☐ Utility locate
- ☐ Other:

PERMIT / PROCEDURE NUMBERS: _____

5 ENERGY, TOOLS, MATERIALS & ENVIRONMENTAL CONDITIONS

- ☐ Electrical
- ☐ Hydraulic
- ☐ Pneumatic
- ☐ Mechanical
- ☐ Gravity / elevated load
- ☐ Pressure / vacuum
- ☐ Thermal
- ☐ Chemical
- ☐ Radiation
- ☐ Mobile equipment
- ☐ Stored energy
- ☐ Weather / heat / cold
- ☐ Lighting / visibility
- ☐ Noise / vibration
- ☐ Dust / fumes / vapors
- ☐ Water / spill / release

TOOLS / EQUIPMENT / MATERIALS: _____

6 RISK RATING METHOD

LIKELIHOOD (L)

1 Rare 2 Unlikely 3 Possible 4 Likely 5 Almost certain

SEVERITY (S)

1 Minor 2 First aid 3 Recordable 4 Permanent harm 5 Fatality

RISK = L × S

1–4 LOW	5–9 MEDIUM	10–16 HIGH	17–25 CRITICAL

COMPREHENSIVE JSA — TASK ANALYSIS & AUTHORIZATION

STEP	TASK STEP / SEQUENCE	HAZARD / EXPOSURE	CONTROLS / SAFE METHOD	INITIAL L×S=R	RESPONSIBLE PERSON	RESIDUAL L×S=R	VERIFY / INITIAL
1							
2							
3							
4							
5							
6							

7 EMERGENCY & RESCUE PLAN

ALARM / COMMUNICATION: _____

EMERGENCY CONTACT / NUMBER: _____

MUSTER POINT / ACCESS ROUTE: _____

RESCUE EQUIPMENT / TRAINED RESCUERS: _____

8 PRE-JOB VERIFICATION & STOP-WORK TRIGGERS

- ☐ Scope and sequence reviewed
- ☐ Permits and isolations active
- ☐ Crew questions answered
- ☐ Emergency plan understood
- ☐ Controls installed and verified
- ☐ Tools and equipment inspected
- ☐ Weather / area conditions acceptable
- ☐ Stop-work authority confirmed

STOP / REASSESS WHEN: _____

9 CHANGE MANAGEMENT / REVALIDATION

Pause work if personnel, equipment, materials, weather, location, energy state, or scope changes.

CHANGE IDENTIFIED: _____

NEW / REVISED CONTROLS: _____ **REAUTHORIZED BY:** _____

10 AUTHORIZATION

PREPARED BY: _____ **DATE / TIME:** _____

SUPERVISOR APPROVAL: _____ **DATE / TIME:** _____

CLIENT / OWNER (IF REQUIRED): _____

11 CREW ACKNOWLEDGMENT — I UNDERSTAND THE TASK, HAZARDS, CONTROLS, AND MY STOP-WORK AUTHORITY

1. PRINT / SIGN: _____ **2. PRINT / SIGN:** _____ **3. PRINT / SIGN:** _____ **4. PRINT / SIGN:** _____