

**CRAFT-SPECIFIC JOB SAFETY ANALYSIS/POSITION HAZARD ANALYSIS (K-1 JSA/PHA)**

Prepared By:	Company Name:	Date:
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Project Number:	Task Order/Contract Number:
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Building:	Area:
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Work Scope/Description:

<b><u>Primary</u></b>	<b><u>Project Safety</u></b>
Emergency Contact Person(s):	
Emergency Radio/Phone No.:	

Specific Work Location(s):

**MINIMUM DRESS REQUIREMENTS: Hard Hat, Safety Glasses, Substantial Footwear, Long Pants, Shirt with Sleeves**  
 Additional assessments/modifications for PPE are included in subsequent pages/sections.

Appropriate additions or deletions, and the circumstances for them, are described in continuation pages.

**KNOWN OR POTENTIAL HAZARDS**

Hazards	Yes	No	Hazards	Yes	No
1. Radiation Area Work	✓ • <input type="checkbox"/>	<input type="checkbox"/>	10. Electrical Hazards	✓ • ■ <input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Waste Operations	✓ • <input type="checkbox"/>	<input type="checkbox"/>	11. Lock and Tag	✓ • ■ <input type="checkbox"/>	<input type="checkbox"/>
3. Confined Space	✓ • ■ <input type="checkbox"/>	<input type="checkbox"/>	12. Scaffolding	✓ • ■ <input type="checkbox"/>	<input type="checkbox"/>
4. Hot Work	✓ • <input type="checkbox"/>	<input type="checkbox"/>	13. Aerial Lifts	✓ ■ <input type="checkbox"/>	<input type="checkbox"/>
5. Roof Work	• ■ <input type="checkbox"/>	<input type="checkbox"/>	14. Asbestos Work	✓ • ■ <input type="checkbox"/>	<input type="checkbox"/>
6. Full Hazards (≥ 6 ft)	• ■ <input type="checkbox"/>	<input type="checkbox"/>	15. Rigging Operation	✓ ■ <input type="checkbox"/>	<input type="checkbox"/>
7. Excavation/Trenching	• ■ <input type="checkbox"/>	<input type="checkbox"/>	✓ = Requires Formal/Special Training • = Requires a Permit/Form/Report/Plan ■ = Requires Certification or Competent/Qualified Person Designation		
8. Hazardous Materials	✓ <input type="checkbox"/>	<input type="checkbox"/>			
9. Respiratory Hazards	✓ <input type="checkbox"/>	<input type="checkbox"/>			

Other Hazards	Yes	No	Control Measures
1. Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	
2. Noise Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
3. Poor Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
4. Animals/Insects	<input type="checkbox"/>	<input type="checkbox"/>	
5. Process Chemicals/Stream	<input type="checkbox"/>	<input type="checkbox"/>	
6. Dust	<input type="checkbox"/>	<input type="checkbox"/>	
7. Flammable/Combustible Materials	<input type="checkbox"/>	<input type="checkbox"/>	
8. Ladders	<input type="checkbox"/>	<input type="checkbox"/>	
9. Wet/Slippery Floors	<input type="checkbox"/>	<input type="checkbox"/>	



