

Central Plateau Cleanup Company
TASK-SPECIFIC JOB SAFETY ANALYSIS (K-3 JSA)

Prepared By:	Company Name:	Date:
Project Number:	Task Order/Contract Number:	
Building:	Area:	
Primary	Project Safety	
Emergency Contact Person(s):		
Emergency Radio/Phone No.:		

APPROVAL

_____ <i>Supervision - Signature / Date</i>	_____ <i>Contractor Project Safety - Signature / Date</i>
_____ <i>Contractor Industrial Hygiene - Signature / Date</i>	_____ <i>Project S & H Oversight - Signature / Date</i>

Work Scope/Description:

Specific Work Location:

Special Requirements for Known Hazard: *(Identify each hazard and specify controls)*

Complete this part for first-time work evolution, or when initiating changes to the work scope/work plan.

Will additional in-task supervision be required? Yes No

Supervisory Determination Made By:

_____ <i>Print First and Last Name</i>	_____ <i>Signature / Date</i>
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