

Job Safety Analysis (J.S.A.) CRANE SERVICE INC.

SUPERVISOR / FOREMAN _____ DATE: _____

JOB NO: _____ CLIENT _____

JOB LOCATION: _____ PLANT UNIT _____

CRANE MAKE / MODEL _____ UNIT / SER # _____

PERMIT NO: _____ REQUIRED NOT REQUIRED TIME _____ AM/PM

CONSIDER THE FOLLOWING. CHECK THE ITEMS APPLYING TO THE JOB AND REVIEW WITH THE WORK CREW

PERMITS

- _____ VERBAL / WK PERMISSION
- _____ COLD WORK
- _____ NON FLAME HOT WORK
- _____ ENTRY MOTORIZED VEHICLES
- _____ OTHER

PERSONAL PROTECTIVE EQUIPMENT

- _____ NORMAL PPE
- _____ HARD HAT
- _____ SAFETY GLASSES
- _____ LEATHER GLOVES
- _____ HEARING PROTECTION
- _____ FIRE RETARDANT CLOTHING
- _____ MONOGOGGLES / CHEMICAL
- _____ RESPIRATOR: TYPE _____
- _____ FRESH AIR MASK
- _____ ESCAPE AIR PACK
- _____ SEAT BELTS
- _____ OTHER

EMERGENCY INFO / EQUIP LOCATION

- _____ FIRE HYDRANT
- _____ FIRE EXTINGUISHERS
- _____ SAFETY SHOWERS
- _____ EVACUATION ROUTE
- _____ WIND DIRECTION
- _____ OTHER _____

TOOLS

- _____ WIRE ROPE CHOKERS
- _____ ENDLESS NYLON ROUND SLING
- _____ LIFT CHAINS
- _____ BODY HARNESS/DOUBLE LANYARD
- _____ LADDER
- _____ SCAFFOLDING

LIFTING

- _____ MOTORIZED EQUIPMENT
- _____ PROPERLY INSPECTED
- _____ OPERATIONAL TEST COMPLETED
- _____ COMMUNICATIONS _____
- _____ PROPER HAND SIGNALS
- _____ PROPER RIGGING PRACTICES
- _____ MATTING REQUIRED

OTHER MISCELLANEOUS

- _____ BARRICADE CWT SWING AREA
- _____ BARRICADE SIGNS
- _____ OVERHEAD WORK
- _____ OTHER CREWS WORKING IN AREA
- _____ SOUND HORN AT BEGINNING OF LIFT
- _____ TAG LINES

POTENTIAL RISK

- _____ FALLS
- _____ PINCH POINTS
- _____ SLIP-TRIP POTENTIAL
- _____ NOISE
- _____ UNLEVEL SURFACES
- _____ OBSTRUCTED VIEW
- _____ LOADS LIFTED OVER OCCUPIED buildings
- _____ OR LIVE PIPE RACKS OR UNITS
- _____ UNDERGROUND UTILITIES/SEWER, BACK FILL
- _____ PLANT EMERGENCY
- _____ EQUIPMENT FUEL / OIL SPILL
- _____ WEATHER CONDITIONS
- _____ OBSTRUCTIONS / HIGH VOL TAGE LINE

WORK DISCRPTION / NON CRITICAL LIFTING (Check items pertaining to job scope)

- | | | | |
|------------------|--------------------|------------------------------|------------|
| PIPING | STRUCTUAL STEEL | VALVES | EQUIPMENT |
| PERSONNEL BASKET | MATERIAL TRANSPORT | LOAD/UNLOAD TRACTOR TRAILERS | |
| PM EQUIPMENT | YARD MAINTENANCE | LOOSE MATERIALS | Tilt Walls |

DETAILED SEQUENCE OF JOB STEPS

RE-OPERATION

- CHECK AND READ PERMIT IF REQUIRED
- CHECK BARRICADE IF REQUIRED
- EQUIPMENT/TOOL / RIGGING GEAR INSPECTIONS BEFORE USE
- OPERATIONAL TEST OF ALL SYSTEMS
- RECEIVE WORK ORDERS / TAIL GATE SAFETY MEETING
- CHECK CHARTS – REVIEW LIFT PLAN IF REQUIRED WITH OPERATOR/S
- COMPLETE J.E.P.

WORK DESCRIPTION / PROCESS

PLAN YOUR WORK

LIST ALL POTENTIAL RISK AND PREVENTATIVE MEASURES

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

AFTER REVIEWING THE PERMIT AND THE JSA THE OPERATOR AND WORK CREW MUST SIGN BELOW SIGNIFYING THAT THEY UNDERSTAND AND AGREE TO ABIDE BY THE STATED CONDITIONS.

EMPLOYEE NAME (PRINT)

SIGNATURE

JOB EXECUTION

SUPERVISOR / FORMAN AUDIT THE JOB IN PROGRESS TIME: _____ INITIALS _____