

Pre-Job Briefing/Job Safety Analysis (JSA) Form



**NORTH AMERICAN
TRAINING SOLUTIONS**

Date _____

Person Completing Form _____ Supervisor _____

Work Location/Address: _____ City/Town: _____ Time: _____ AM PM

GPS Coordinates: _____

Nearest Intersection: _____ Landmark: _____
If you were to call 911, what landmark information would be helpful to provide

Enter Temperature for applicable Conditions: _____

Weather Conditions: ___ Sunny ___ Cloudy ___ Rain ___ Snow ___ Ice ___ Wind

Are weather conditions appropriate for the work to be conducted? ___ Yes ___ No; if no, find appropriate job site or task or suspend operations.

1.) Utility Specific

Are electric utilities present in or near your work area? ___ Yes ___ No

Is the work taking place for a utility contractor or subcontractor? ___ Yes ___ No

Are the students/attendees QLCA Trained? ___ Yes ___ No

Utility Company _____

Utility & Contact Number _____ Line kV _____ MAD _____ Pole or Structure # _____

Minimum Approach Distances from Energized Conductors

Voltage Range	Altitude Correction Factor Sea Level to 5000 ft		Altitude Correction Factor 5,000-10,000 ft		Altitude Correction Factor 10,000-14,000 ft	
	ft-in	m	Ft-in	m	Ft-in	m
kV						
0.050 to 0.300	Avoid Contact		Avoid Contact		Avoid Contact	
0.301 to 0.750	1-02	0.356	1-04	0.407	1-06	0.458
0.751 to 5.0	2-03	0.686	2-06	0.762	2-09	0.839
5.1 to 15.0	2-03	0.686	2-07	0.788	2-10	0.864
15.1 to 36.0	2-08	0.813	3-01	0.940	3-04	1.016
36.1 to 46.0	2-11	0.889	3-04	1.016	3-08	1.118
46.1 to 72.5	3-06	1.067	4-00	1.220	4-04	1.321
72.6 to 121.0	3-11	1.194	4-06	1.372	4-10	1.474
121.1 to 145.0	4-06	1.372	5-02	1.575	5-07	1.702
145.1 to 169.0	5-01	1.550	5-09	1.753	6-03	1.905
169.1 to 242.0	7-00	2.134	7-11	2.413	8-07	2.617
242.1 to 362.0	11-09	3.582	13-06	4.115	14-07	4.445
362.1 to 420.0	14-08	4.471	16-09	5.106	18-02	5.538
420.1 to 550.0	17-06	5.334	20-00	6.096	21-08	6.604
550.1 to 800.0	23-09	7.239	27-02	8.281	29-05	8.967

Incidental Line Clearance MAD Chart

Voltage Range (Phase-to-Phase) kV	Minimum Approach Distance (MAD)	
	Ft-in	m
0.300 and less	Avoid Contact	Avoid Contact
0.301 to 0.750	1-06	0.457
0.751 to 5.0	2-09	0.838
5.1 to 15.0	2-10	0.864
15.1 to 36.0	3-04	1.016
36.1 to 46.0	3-08	1.118
46.1 to 72.5	4-04	1.321
72.6 to 121.0	12-08	3.861
138.0 to 145.0	13-04	4.064
161.0 to 169.0	14-00	4.268
230.0 to 242.0	16-08	5.080
345.0 to 362.0	20-08	6.300
500.0 to 550.0	26-08	8.128
785.0 to 800.0	35-00	10.668

Verification of Di-Electric test date (MM/YY): Insulated Tool

_____ Insulated Pole Saw _____ Insulated Pole Pruner _____ Insulated Boom _____ Other
(Solid Core Only) (Solid Core Only)

2.) Emergency Information: Area 911 Yes/No If No, EMS/Fire Phone number _____

Emergency Action Plan: How will we conduct a rescue? _____

Closest Medical Facility:

Name: _____ Contact#: _____

Address _____

Do I have crew members who are CPR and First Aid Trained? Yes/No

Mark each item with a "✓" for all that apply

3.) Is this a training? or work related?(Please Circle one)

Job Tasks: _____Driving_____Inspection/Auditing_____Traffic Control_____Bucket Trim_____Ground Cutting
 _____Climbing_____Brush Chipping_____Tree Removal_____Stump Grinding_____Crane
 _____Heavy Equipment Operation (Please Identify Equipment_____)

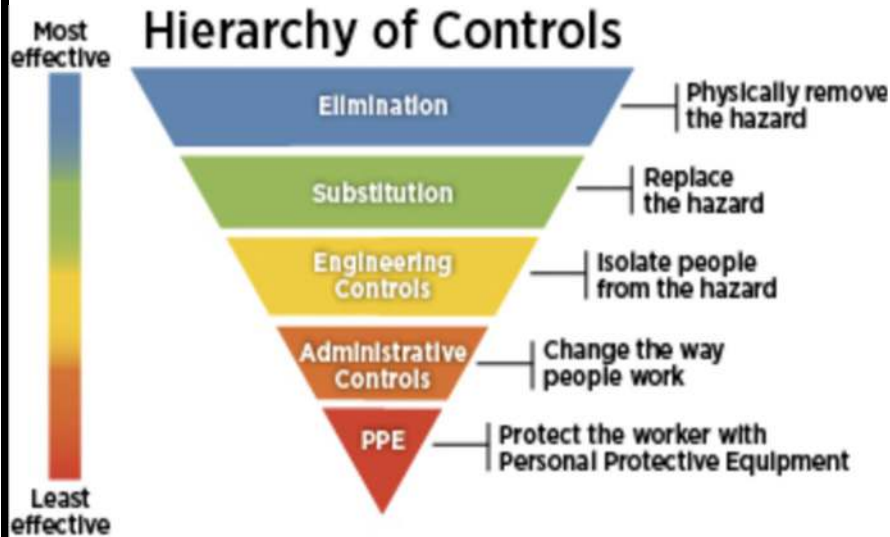
Other Describe:_____

4.) Topics of Discussion (Hazards, Risks and Potential Impacts)

Hazard Identification List – Check all that apply

- | | | | |
|--|--|--|--|
| <p><u>Gravity</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Falling Objects/Tools <input type="checkbox"/> Falling from a Height <input type="checkbox"/> Falling Trees/Branches <input type="checkbox"/> Drop Zone | <p><u>Electrical</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Energized Equipment <input type="checkbox"/> Backfeed/Induction <input type="checkbox"/> Energized Trees <input type="checkbox"/> Vertical to Horizontal Conductors <input type="checkbox"/> Step Potential | <p><u>Mechanical</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Climbing Hazards <input type="checkbox"/> Tension Loads <input type="checkbox"/> Moving Parts/Sharp Objects | <p><u>Vehicular</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic Conditions <input type="checkbox"/> Driving Conditions <input type="checkbox"/> Moving Loads <input type="checkbox"/> Vehicle Stability |
| <p><u>Chemical</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Flammable or Explosive <input type="checkbox"/> Toxic or Poisonous <input type="checkbox"/> Corrosive or Reactive <input type="checkbox"/> Acids or Caustics | <p><u>Body Mechanics</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Slips or Trips <input type="checkbox"/> Lifting/Twisting <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Awkward Positions | <p><u>Noise</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuous Loud Noise <input type="checkbox"/> Explosive Noise <input type="checkbox"/> Distractive Noise | <p><u>Other</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Insect Bites/Stings <input type="checkbox"/> Wildlife <input type="checkbox"/> Blood/Body Fluids <input type="checkbox"/> Heat/Cold Exposure |

Hazard Control Measures



Source: NIOSH

Is Drop zone sufficient to drop debris away from obstacles? ___Yes___No; If no, select other means of controlling debris/drop zone.

Job Site Hazard Control (Describe how you are going to control hazards, risks, and potential impacts)

Identify type & # of Signs & Cones:

_____Signs
 _____Cones in place to ID work

Traffic Control Flagger Initials: 1 _____ 2 _____
 Radios _____Yes_____No

Dig Safe Required? 1-800-DIG-SAFE
 _____Yes_____No

5.) Personal Protective Equipment Required

Has every employee inspected their Personal Protective Equipment? Yes No

Head Protection


	<input type="checkbox"/> Hard Hat/ Helmet (ANSI Z89) <input type="checkbox"/> Face Shield (When Required)
--	--

Leg Protection

	<input type="checkbox"/> Chainsaw Pants OR <input type="checkbox"/> Chainsaw Chaps
---	---

	<input type="checkbox"/> Short Sleeves
---	---

Eye Protection

	<input type="checkbox"/> Safety Glasses Or Eye shield (ANSI Z87.1)
--	---

Foot Protection

	<input type="checkbox"/> Boots <input type="checkbox"/> Cut- Resistant Boots
---	---

	<input type="checkbox"/> Long Sleeves
---	--

Hearing Protection

	<input type="checkbox"/> Hearing Protection
--	--

Fall Protection

	<input type="checkbox"/> Fall Restraint <input type="checkbox"/> Work Position <input type="checkbox"/> Fall Suspension <input type="checkbox"/> Fall Arrest
--	---

	<input type="checkbox"/> Hi Vis
---	--

Hand Protection

	<input type="checkbox"/> Gloves/Cut- resistant gloves (ANSI 105)
---	---

	<input type="checkbox"/> Vest
--	--------------------------------------

Employee#	Name	Signature	Status (GAR)

The Green, Amber, Red (GAR) Model
The Green, Amber, Red or (G.A.R.) Model is a work risk management model that includes and values the opinions and positions of all workers involved on a work project/site. There is no allowance for hierarchy or anyone to force another to proceed until discussion and/or explanation results in all workers involved being Green. All workers must have indicated their status in the above chart as Green. If any worker has indicated that they are an Amber or Red, then discussion and/or measures must take place to address concerns to alleviate risks until all individuals are Green.

Person In Charge: Print Name: _____ **Signature :** _____

Job Site Visit: Supervisor: _____ **Manager:** _____ **Safety:** _____