

## General Information:

1. Circle the hazards associated with this task.

**Strains/Sprains - Pinch Points - Slips/Trips - Personnel Rescue**  
**- Drowning - Inorganic Arsenic - Liquefaction- Organic Matter**  
**- Ground Conditions - Communication - Working around**  
**Heavy Equipment - Noise- Atmosphere - Electric Shock -**  
**Rigging - Stored Energy**

List any additional Hazards \_\_\_\_\_

2. Have all crew-members been informed of the hazards associated with today's work? ☐ Yes ☐ No ☐ N/A
3. Is there proper access and egress provided to the work area? ☐ Yes ☐ No ☐ N/A
4. Are the safe zones properly identified and protected from equipment? ☐ Yes ☐ No ☐ N/A
5. Is everyone knowledgeable in the "Man on the Ground" process? ☐ Yes ☐ No ☐ N/A

## Tools and Equipment:

6. User inspection is required on all tools, ladders, electrical cords, rigging, scaffolds, mobile equipment and safety equipment. Have all employees been informed that this is required? ☐ Yes ☐ No ☐ N/A

## Heavy Equipment:

7. Daily Inspections performed? ☐ Yes ☐ No ☐ N/A
8. Haul routes properly identified? ☐ Yes ☐ No ☐ N/A
9. All Safety aids operational? ☐ Yes ☐ No ☐ N/A
10. Extricating Stuck Equipment process known and in place? ☐ Yes ☐ No ☐ N/A

## Ground Conditions

11. The competent person for ground conditions is inspecting frequently? ☐ Yes ☐ No ☐ N/A
12. Equipment Operators are continuously monitoring ground conditions? ☐ Yes ☐ No ☐ N/A
13. Haul roads are being maintained and are safe to operate on for the day? ☐ Yes ☐ No ☐ N/A
14. Crewmembers have been trained on the nature and hazards associated with ash (wet/dry)? ☐ Yes ☐ No ☐ N/A
15. Has a vane shear test been completed? ☐ Yes ☐ No ☐ N/A
16. Has monitoring instrumentation status been acknowledged? ☐ Yes ☐ No ☐ N/A
17. Describe the current ground conditions: \_\_\_\_\_

## Inorganic Arsenic / Silica / Dust

18. Are there any inorganic arsenic or silica concerns associated with today's work? ☐ Yes ☐ No ☐ N/A
19. Are dust control measures in place? ☐ Yes ☐ No ☐ N/A

## Fire Protection:

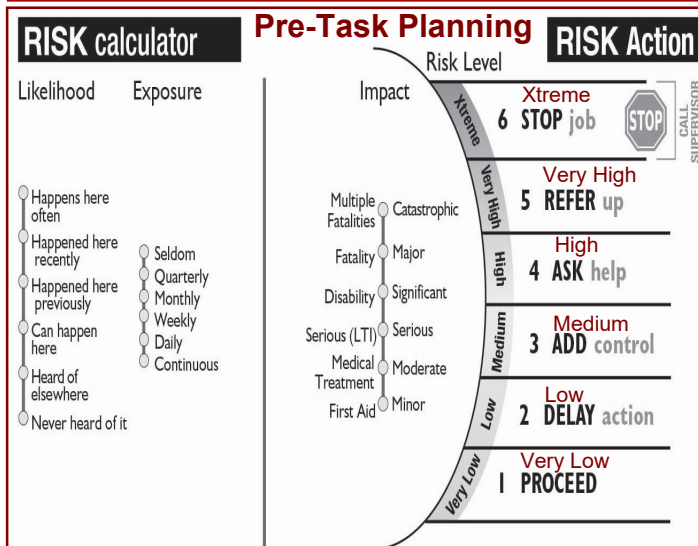
20. Are fire extinguishers present on all equipment and suitable extinguishers available at all fueling locations? ☐ Yes ☐ No ☐ N/A

## Housekeeping Requirements:

21. Is the work area clean and ready to start work? ☐ Yes ☐ No ☐ N/A
22. Are material storage areas or laydown yards properly ☐ Yes ☐ No ☐ N/A

## Personnel Rescue:

23. Personnel rescue plans in place and communicated to all crew-members? ☐ Yes ☐ No ☐ N/A
24. Personnel rescue equipment (life rings, throw ropes, mats, etc.) are pre-placed appropriately? ☐ Yes ☐ No ☐ N/A



- Is a LOTO required for this task? ☐ Yes ☐ No ☐ N/A  
- LOTO number \_\_\_\_\_
- What is the desired slope for this work area? \_\_\_\_\_
- What is the maximum cut depth for this work area? \_\_\_\_\_
- What is the most recent incident / near hit here? \_\_\_\_\_
- What's the most likely incident today? \_\_\_\_\_
- What positive controls do we have? \_\_\_\_\_
- What's the worst thing that can happen today? \_\_\_\_\_
- What safety ideas do you have that will make this task safer? \_\_\_\_\_

# JSA

## Job Safety Analysis

Pre-work & Pre-Task Planning Tool  
For Ash Basin Work

Project Name: \_\_\_\_\_

Company / Contractor  
Name: \_\_\_\_\_

Client Name: **Southern Company T&PS**

Location: \_\_\_\_\_

Emergency Rescue Contact # \_\_\_\_\_

Foreman: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Task Location: \_\_\_\_\_

Task Description: \_\_\_\_\_

Specialty or High Risk work? ☐ Yes ☐ No

If yes, attach JSA Supplement

**Emergency evacuation area / Assembly area:**

\_\_\_\_\_  
\_\_\_\_\_

**Return to the Safety Department upon completion  
of this task.**

## Management Participation

Name: \_\_\_\_\_



- JSA's will be completed daily for each task.
- The JSA must be completed in its entirety.
- Each crew member involved in this task must sign the JSA
- The JSA must be posted in an obvious place throughout the duration of the task
- A post job debrief will be conducted as part of the JSA process
- The JSA will be given to site management at completion of the task.

	Yes	No	TYPE
Personal Flotation Device			
Eyes			
Face			
Head			
Foot			
Hand			
Hearing			
Coveralls			
Respirator			
Fall Protection			
Hi-Visibility Clothing			
Other			

Mobile Equipment Operator	
Forklift Operator	
JLG/Scissorlift/etc.	
Crane Operator	
Ground Conditions	
Excavations	
Qualified Rigger	
Other	

	Yes	No		Yes	No
Excavation			Confined Space		
LOTO			Crane Lift		
Energized Work			Line Break/Hot Tap		
Scaffold - OAR			Overhead Line		
Hot Work			Grating Removal		
Other			Other		

[illegible]

1. What went well today?  

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2. What went bad today? Did an injury or unplanned incident occur? ☐ Yes ☐ No  
If yes, describe 

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3. Was it reported to the safety department? ☐ Yes ☐ No
4. What almost went bad today?  

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5. What did we do to control it?  

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6. Is the work area clean and free from debris from the day's work? ☐ Yes ☐ No
7. Have barricades been removed or if still needed, are they properly erected and tagged? ☐ Yes ☐ No
8. What safety ideas do you have?

General Foreman:

[illegible]