



Job Safety Analysis (Daily Report)

Supervisor / Foreman: \_\_\_\_\_

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

Today's Work Scope: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Does today's work require special procedures, training, or permits? If yes, list on back of form.

Table with 2 columns: Yes, No

Everyone working for QC Commercial is to review the safety hazards and proper work methods for the work being performed each day. Each worker must sign in to acknowledge receiving the proper instructions.

All injuries must be reported to your supervisor immediately!

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Check all applicable boxes below:

- Confined Spaces, Scaffolding, Hazardous Materials, Barricades, Man-Lifts, Trip / Fall Hazards, Overhead Work, Other

JHA Checklist

1. Is management aware of all potential safety hazards of this project? Yes No

2. Have employees been briefed on the hazards associated with this job? Yes No

List hazards (additional space on back):

Job Specific PPE:

- Hard Hat, Safety Glasses, Gloves, Fall Protection, Hearing Protection, Other, Foot Protection, Respirator, Dust Mask

3. Have MSDS been reviewed with workers? Yes No

4. Check this box if additional forms are attached.

SIGN IN: I have been briefed on the correct procedures for performing this work and fully understand the hazards and safe work methods to avoid the hazards. Add additional names on back of form if required.

COMMENTS / SPECIAL INSTRUCTIONS

I have ensured that all affected employees have signed in on this JSA and that all work was performed safely and satisfactorily.

Signature of Supervisor / Crew Leader



**Attach Additional Forms if Required**

Description of Task 1 (be specific)
Potential Hazards with This Task
Preventive Action
Description of Task 2 (be specific)
Potential Hazards with This Task
Preventive Action
Description of Task 3 (be specific)
Potential Hazards with This Task
Preventive Action
Description of Task 4 (be specific)
Potential Hazards with This Task
Preventive Action