

AME, Inc.

PO Box 909, Ft Mill, SC 29716
 PH: 803-548-7766 Fax: 803-548-7448

DAY: _____

JOB NO: _____

DATE: _____

CUSTOMER: _____

General Task Description:

Step 1. TASK ACTIVITY		POTENTIAL HAZARD LIST		Step 2. HAZARD CODE / CORRECTIVE ACTIONS
<i>List all basic job steps. Use additional sheets if necessary</i>		<i>(Don't limit Hazard to List Only)</i>		<i>Review the task activity, then enter the number code for each hazard anticipated. List all prevention measures & corrective actions for each hazard.</i>
1		1. Electrocutions/ Shock/Arc	11. Vehicle Traffic	
2		2. Fall from Heights	12. Poor Work Positions / Access	
3		3. Overhead Work	13. Noise	
4		4. Lifting: Manual or Mechanical	14. Flammable Material / Fire	
5		5. Rough / Sharp Materials	15. Confined Space	
6		6. Slippery / Uneven Surfaces	16. Repetitive Motion	
7		7. Rotating / Moving Machinery	17. Underground Utilities	
8		8. Hot Surfaces	18. Falling Objects & Debris	
9		9. Pinch / Crush / Nip Points	19. Obstructed Vision	
10		10. Flying Particles	20. Power Lines	

CREW SIGN-IN BEFORE TASK *I understand the safety precautions and have the training to perform this task safely.*

CREW SIGN-OUT AFTER TASK *I have worked safely today and have not been injured.*

Employee Name

Sign In

Sign Out

Employee Name

Sign In

Sign Out

STEP 3. POST TASK FOLLOW UP

Supervisor/Foreman completed after shift / Job Task Ends

Job Start Time: _____

All Lock & Tags Removed? **YES** **NO**

Job End Time: _____

Area Cleaned / Secured & Tools Stored? **YES** **NO**

List any other safety hazards found during the course of this job / task

List any Near Misses & What precautions were used to prevent the Accident

Did any injuries occur? **YES** **NO**

If YES, who was injured?

Did you report the injury? **YES** **NO**

Supervisor's Signature
(Sign here after ALL items are complete)

X

**Completed JSA's should be turned in no later than Monday for the week prior.
You should turn JSA's in to your primary payroll person that receives your time sheets.**