## Jobs Safety Analysis (JSA)

**JOB/ACTIVITY NAME:**
Topographic mapping for ES&H

**DEPARTMENT/GROUP NAME**
MET / AEG

**BLDG/AREA LOCATION(s):**
Outside Area

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT FOR ENTIRE JOB**

<table>
<thead>
<tr>
<th>Equipment</th>
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<tbody>
<tr>
<td>Safety glasses</td>
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<tr>
<td>Safety shoes</td>
<td></td>
</tr>
<tr>
<td>Chemical resistant gloves</td>
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<tr>
<td>Other reflective vest</td>
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<tr>
<td>Other</td>
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<tr>
<td>Chemical goggles</td>
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<tr>
<td>Hard hat</td>
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<tr>
<td>Welding gloves</td>
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<tr>
<td>Leather gloves</td>
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<tr>
<td>Other long pants / sleeves</td>
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<td>Other</td>
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**OTHER INFORMATION:**

- Equipment additional information:
  - Welding goggles
  - Hearing protection
  - Face shield
  - Harness lanyard
  - Welding gloves
  - Other long pants / sleeves
  - Other _____________________

### Basic Steps

**Set Up and Perform Survey**

- Set up survey instruments

**Potential Hazards**

- Observe surrounding for other work in progress

**Controls**

- Follow the AHA for the outside area, see attachment
I understand & will adhere to the steps, hazards & controls as described in this JSA. I understand that performing steps out of sequence may pose hazards that have not been evaluated, nor authorized. I will contact my supervisor prior to continuing work, if the scope of work changes or new hazards are introduced.
I understand I have the authority and responsibility to stop work I believe to be unsafe.

Worker Name (please print)    Signature    Date
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

I have reviewed the steps, hazards & controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are qualified (i.e. licensed or certified, as required & in full compliance with SLAC training requirements) to perform this activity.

Supervisor    Signature    Date
__________________________________________________________

I have communicated area hazards with the supervisor or listed worker(s) for this activity and have coordinated the described activity with affected occupants. The above listed workers are released to perform described scope of work in the following area(s):

__________________________________________________________
__________________________________________________________

Area or Building Manager    Signature    Date