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| **GBI Insulation: Job Hazard Analysis** | | | | |
| Person Completing Form: | | Job Location: (Plant and Area) | | | |
| Date:       Time: | | Revised Date:       Time:  Upon change of scope or hazards. | | | |
| Brief Description of work being performed: | | | | | |
| List all required PPE for the above job description: | | | | | |
| **All PPE addressed above must be referenced in Job Steps/Hazards Below** | | | | | |
| **Job Steps** | **Potential Hazards** | | | **Control Taken** | |
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| I understand & will adhere to the steps, hazards & controls as described in this JHA. 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. | | | | | |
| Workers Name | Signature | | | | |
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| 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 appropriate, & in full compliance with GBI training requirements) to perform this activity. | | | | | |
| Supervisor: | | | Signature: | | |

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| **GBI Insulation: Daily Field Safety Meeting** | |
| Date:       Time: | Job Location: |
| Person Conducting Meeting: |  |
| Safety Topic Being Discussed: | |

**Attendance:**     