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JOB SAFETY ANALYSIS				DOC. No.	Rev
Project	<b>Insert Project Name</b>		JSA Reference No.	<b>INSERT JSA REF.</b>	<b>1</b>
Contractor	<b>Insert Contractor Name</b>		Approved Method Statement Reference:	<b>INSERT MOS NUMBER</b>	0
Sub-Contractor	N/A		Work location	<b>Insert Exact work location</b>	
Description of Activity /JSA Title	Laser Scanning		Area Classification	GREEN FIELD <input type="checkbox"/>	BROWN FIELD <input checked="" type="checkbox"/>
S.No	JSA Participants' Name:	Position	Signature	Contractor's Review & Approval	
1				Reviewed By	
2					
3				Name:	
4				<b>Contractor HSE Manager</b>	
5				Approved By	
6				Name:	
				<b>Contractor Project Manager.</b>	
<p>Note: Contractor's JSA participants team shall comprise of discipline engineers, supervisors and safety personnel  Hazards, Risks &amp; Control Measures provided in this JSA shall be communicated to all personnel involved in this job execution, and shall sign the communication sheet - (responsibility supervisor /foreman)</p>					
PMT Review		Owner Safety Review	Area Authority Approval	Verified & Issued By:	
Name:		Name:	Name:	Name:	
Position:		Position: Safety Engineer	Position:	Owner Project Manager	
Date:		Date:	Date:	Date:	

CHECK (✓) REQUIRED PPE, SAFETY EQUIPMENT AND CONTROLS REQUIRED											
Hard Hats	<input checked="" type="checkbox"/>	Welding gauntlets	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	Signs	<input checked="" type="checkbox"/>	Life Jacket/Work Vest	<input type="checkbox"/>	Permit to Work	<input checked="" type="checkbox"/>
Safety Glass /Goggles	<input checked="" type="checkbox"/>	Face Shield	<input type="checkbox"/>	Air Supplied Hood	<input type="checkbox"/>	Barricades	<input checked="" type="checkbox"/>	Life Rings	<input type="checkbox"/>	Gas Test	<input checked="" type="checkbox"/>

Sl. No.	JOB STEPS	HAZARDS IDENTIFIED	INITIAL RISK					CONTROLS	RESIDUAL RISK RATING			ACTION BY	
			RISK TO WHAT (S)				L		RISK RATING	S	L		R
			P	E	A	R							

Safety Shoes/Boots	<input checked="" type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	SCBA	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	Other PPE (Specify)	<input type="checkbox"/>	CSE	<input type="checkbox"/>
Safety gloves	<input checked="" type="checkbox"/>	Full Body Harness	<input type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	Spill Control	<input type="checkbox"/>		<input type="checkbox"/>	Isolation / LOTO	<input type="checkbox"/>
Other Gloves (Leather/PVC)	<input type="checkbox"/>	Self Retracting Lifeline (SRL)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Excav./Road. Closure.	<input type="checkbox"/>

1	Transport To working Site (People and Equipment)	Road Accident	4	1	1	1	3	12	<ol style="list-style-type: none"> <li>1. Follow speed limits</li> <li>2. Adhere to security instruction to enter the plant.</li> <li>3. Wear seat belts</li> <li>4. No seat belts no ride policy</li> <li>5. Drivers must have defensive driving and off road driving training</li> <li>6. Mobile phones are not allowed at all</li> <li>7. All vehicles should be regularly inspected.</li> <li>8. Plan ahead for the route</li> <li>9. Avoid driving at night.</li> <li>10. Spark arrestor shall be equipped to vehicle exhaust.</li> </ol>	4	1	4	Contractor
2	Secure the required work permit for Laser scanning	Injury.	1	1	1	1	2	2	<ol style="list-style-type: none"> <li>1. Joint site inspection of issuer and receiver.</li> <li>2. Conduct gas testing.</li> <li>3. Provide proper access to avoid short cut.</li> </ol>	1	1	1	Contractor

**LEGEND:** (P) - People ; (E) – Environment ; (A) – Asset ; (R) - Reputation; (S) – Severity of Consequence ; (L) – Likelihood of Occurrence

Sl. No.	JOB STEPS	HAZARDS IDENTIFIED	INITIAL RISK					CONTROLS	RESIDUAL RISK RATING			ACTION BY	
			RISK TO WHAT (S)				L		RISK RATING	S	L		R
			P	E	A	R							

3	Setting-up the laser scanning equipment	1. Operator injury 2. Electrical shock 3. Scanner damage. 4. Fire	2	1	1	2	4	1. Follow user guide manual for scanner setting up. 2. Using AC external power supply only for charging the laser scanner batteries in office area. No battery charging allowed on site. 3. Use the power supply in dry environment. 4. Check the power-supply cord or plug for damage. 5. Gas testing and <b>HOT</b> work permit shall be obtained before work commence. 6. Avoid product from being exposed to rain, water, or other liquids 7. Do not open the housing. Dangerous high voltages are present inside the enclosure. 8. Do not bring metal objects into contact with the batteries' terminals. The terminals may short circuit and generate heat.	2	1	2	Contractor
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			RISK TO WHAT (S)				L	RISK RATING		S	L	R	
			P	E	A	R							

4	Scanning Operation	Eye Injury	2	1	1	1	3	6	<ol style="list-style-type: none"> <li>1. The TX5 3D laser scanner can thus be considered eye safe and it would not be necessary to wear eye protection. <b>as per user guide</b></li> <li>2. Avoid looking into the direction of the laser.</li> <li>3. Avoid direct eye exposure.</li> <li>4. Do not stare into the laser beam and do not direct it to other people.</li> <li>5. The scanner should be operated by trained personnel only. <b>Scanner operator competency shall be attached with PTW.</b></li> <li>6. Personnel working in distances shorter than the NOHD must wear laser safety goggles. <b>as per user guide</b></li> <li>7. Warning signage shall be in place for warning others.</li> </ol>	2	2	4	Contractor
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			P	E	A	R							

5	Working on / along road in South Area	Hit by moving vehicles	3	1	1	1	3	9	<ol style="list-style-type: none"> <li>1. Barricade the area</li> <li>2. Install warning signs,</li> <li>3. Assign watchers to regulate traffic</li> </ol>	3	1	3	Contractor
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