UGT JOB SAFETY ANALYSIS

REAL TELECOM. REAL FIELD LIFE.

Project / Job: _____ **Date:** _____

Location: _____ **Supervisor / Foreman:** _____

Crew / Company: _____ **Weather / Conditions:** _____

1. SCOPE OF WORK

_____

_____

2. TASKS, HAZARDS AND CONTROLS

TASK / STEP	HAZARD	CONTROL / SAFE WORK METHOD

3. REQUIRED PPE AND JOBSITE CHECKS

- ☐ Hard hat
- ☐ Safety glasses
- ☐ Hi-vis garment
- ☐ Work gloves
- ☐ Safety-toe boots
- ☐ Hearing protection
- ☐ Respirator
- ☐ Fall protection
- ☐ Utility locates verified
- ☐ Excavation inspected
- ☐ Traffic control set
- ☐ Equipment inspected

Other PPE / permits / special requirements: _____

4. EMERGENCY PLAN

Emergency contact / phone: _____ **Nearest medical facility:** _____

Muster point / evacuation route: _____ **First-aid / fire equipment location:** _____

5. CREW REVIEW AND ACKNOWLEDGMENT

By signing, each person confirms this JSA was reviewed, hazards were discussed, and stop-work authority is understood.

PRINT NAME	SIGNATURE	TIME