



Chapter 2: [Work Planning and Control](#)  
**Construction Job Safety Analysis Form**

Product ID: [769](#) | Revision ID: 2662 | Date Published: 30 January 2024 | Date Effective: 30 January 2024  
 URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/wpcFormJSAConstruct.pdf> | [docx](#)

**ENVIRONMENT, SAFETY & HEALTH DIVISION**

This form is used to document the job safety analysis (JSA) required for the authorization and release of construction work. Note construction work requires final release through a tailgate briefing. Approved forms are to be kept in the work package; work packages are to be kept for 90 days after completion of the work by the project manager or construction manager (CM). (See [Work Planning and Control: Construction Work Planning and Control Procedure](#) [SLAC-I-720-0A21C-005].)

Job / Activity:		JSA # (optional):	Start Date:	Valid Through:
Department / Group / Subcontractor:	Bldg / Area Location(s):	Type of Work: <input checked="" type="checkbox"/> Construction		Other Information or References:
Scope of Work ( <input type="checkbox"/> attached):				

Step Number	Step	Hazard	Control
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Acknowledgement** (worker): I understand and will adhere to the steps, hazards, and controls in this JSA. I understand that performing steps out of sequence may pose hazards that have not been evaluated nor authorized. I will contact the person who authorized my work prior to continuing, if the scope of work changes or new hazards are introduced. I understand my stop work authority and responsibility.

Name (print):	Signature:	Date:

**Approval** (prime subcontractor’s representative): I have reviewed and approve the work indicated in this JSA.

Name (print):	Signature:	Date:
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**Review** (ESH representative, if requested): I have reviewed this JSA.

Name (print):	Signature:	Date:
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**Authorization** (subcontractor foreman): I have reviewed the steps, hazards and controls described in this JSA with all workers listed above and authorize them to perform the work. Workers are qualified (that is, licensed or certified, as appropriate, and in full compliance with training requirements) to perform this activity.

Name (print):	Signature:	Date:
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**Confirmation** (CM): I have confirmed that this JSA has been properly developed, reviewed, and approved.

Name (print):	Signature:	Date:
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**Release** ( area manager  building manager for occupied buildings,  CM for designated construction sites or designated areas in occupied buildings): I have communicated unique area hazards, boundary conditions, and any precautions or limitations with the CM and will coordinate with affected occupants.

Note: final released for construction work comes after the daily tailgate briefing and CM work release.

Boundary conditions, notes ( attached):

Name (print):	Signature:	Date:
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