WHITES LANE				
GENERAL CONTRACTORS INC.				
Document:	Document: JOB SAFETY ANALYSIS {JSA}			
Revision #:	Draft 1.0	Document #:		
Revision Date:	14 NOVEMBER 2005	Page:	Page 1 of 2	

PROJECT #:	JSA ANALYSIS BY:	DATE
PROJECT NAME / LOCATION:	REVIEW BY:	DATE
DATE:	APPROVED BY:	DATE

SPECIFIC LOCATION:	SPECIFIC TYPE OF JOB:	
JOB SUPERVISOR:		

SEQUENCE OF JOB STEPS	POTENTIAL HAZARDS	HAZARD CONTROL MEASURES	PROCEDURES / COMMENTS

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PERMITS:					
HOT WORKS [] YES	HOT WORKS [] YES [] NO CONFINED SPACE [] YES [] NO				
		REQUIRED P	PE:		
FALL PROTECTION: [] HARNESS [] LIFE LINE [] TRIPOD	FOOT PROTECTION: [] STEEL TOE BOOTS [] RUBBER BOOTS [] CHEMICAL RESISTANT [] BOOTIES	HEAD PROTECTION: [] SAFETY GLASSES [] GOGGLES [] FACE SHIELD [] WELDERS MASK [] HEARING PROTECTION	SKIN PROTECTION: [] NITRILE / LATEX GLOVES [] WORK GLOVES [] BLACK NIGHTS [] TYVEK [] TYCHEM [] SARANEX [] SPLASH SUIT [] HOOD	RESPIRATORY PROTECTION: [] N95 DUST MASK [] AIR PURIFYING RESPIRATOR [] P100 CARTRIDGE [] P100 / OV [] AIR LINE [] SCBA	

By signing below, I hereby certify that I have been informed of the Hazards associated with the task assigned to me, and that I will dutifully follow the safe practices and procedures associated with the task I am to perform.

NAME	SIGNATURE	DATE	COMPANY