REAPER ROUSTABOUT LLC	EST.	Date:
JOB SAFETY ANALYSIS	$(R \times R)$	Time:
(JSA)	2017	JSA completed by:
		JSA approved by:
Job/Site Name:		JSA #: Permit to work #: Hot Work Permit #:
Description of Work:	Site Coordinates:	Other Information:
	 PERSONAL PROTECTIVE EQUIPMEN	
Hard Hat	Personal Gas Detector	Chemical Goggles
Safety Glasses	Fire Extinguisher	Welding Goggles
Safety Footwear	Fall Protection System	Welding Mask
Protective Gloves	Work Vest	Slicker Suit
Fire Retardant Clothing	Respiratory Protection	Chemical Apron
Hearing Protection	Face Shield	Safety Harness w/ Lanayard
	E MUST BE LEFT IN VEHI	
1	Potential Hazards	Controls
1-		
2-		
2-		
3-		
3-		
4-		
5-		

Cirlce Nearest Major Hospital

North Colorado Medical Center 1801 16th St, Greeley, CO 80631 (970) 810-4121

UCHealth Medical Center of the Rockies 2500 Rocky Mountain Avenue, Loveland, CO 80538

Longmont United Hospital 1950 Mountain View Ave, Longmont, CO 80501 (303) 651-5111 80501

Platte Valley Medical Center 1600 Prairie Center Pkwy, Brighton, CO 80601 (303) 498-1600

Please illustrate site layout on separate sheet and attatch to JSA, illustration contains

•	Minimum of 2 Muster Areas	YES	NO
•	Wind Direction (must be evaluated periodically throughout job)	YES	NO
•	All major production equipment on site	YES	NO
•	Parked vehicles on site	YES	NO
•	Nearest Exit (multiple exits if applicable)	YES	NO
•	Directional Compass	YES	NO

I understand & will adhere to the steps, hazards & controls as described in this JSA. 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 (please print)	Signature	Date