



Revision Level - Date
AM - 12/01/08

Overhead Job Safety Audit Card

Job Safety Audit (JSAs)

NOTE: The JSA Number is assigned by a data entry person at the time JSA data is input into the Safety Accountability Scorecard.

TIME _____ DATE _____ JSA Number _____

JSA #1 GF: _____ Contractor: _____ Dist/Div: _____ # of EE: _____ am/pm _____
 JSA #2 GF: _____ Contractor: _____ Dist/Div: _____ # of EE: _____ am/pm _____

A. Personal Protective Equipment

	JSA #1	JSA #2
Hard Hats	S ___ U ___ NA ___	S ___ U ___ NA ___
Safety Glasses	S ___ U ___ NA ___	S ___ U ___ NA ___
Face Protection	S ___ U ___ NA ___	S ___ U ___ NA ___
Gloves	S ___ U ___ NA ___	S ___ U ___ NA ___
Rubber Sleeves	S ___ U ___ NA ___	S ___ U ___ NA ___
Respirator/SCBA	S ___ U ___ NA ___	S ___ U ___ NA ___
Fall Protection	S ___ U ___ NA ___	S ___ U ___ NA ___
Protective Clothing	S ___ U ___ NA ___	S ___ U ___ NA ___
Hearing Protection	S ___ U ___ NA ___	S ___ U ___ NA ___
Foot Protection	S ___ U ___ NA ___	S ___ U ___ NA ___
Hi Vis Clothing	S ___ U ___ NA ___	S ___ U ___ NA ___
Other	S ___ U ___ NA ___	S ___ U ___ NA ___

D. Vehicle/Equipment Use

	JSA #1	JSA #2
Seat Belts	S ___ U ___ NA ___	S ___ U ___ NA ___
Back/Equip Clear/Spotter	S ___ U ___ NA ___	S ___ U ___ NA ___
Boom/Equip/Load Secure	S ___ U ___ NA ___	S ___ U ___ NA ___
No Riding Bucket/Truck	S ___ U ___ NA ___	S ___ U ___ NA ___
Rigging	S ___ U ___ NA ___	S ___ U ___ NA ___
Outrigger Placement	S ___ U ___ NA ___	S ___ U ___ NA ___
Emergency/Trailer Brake	S ___ U ___ NA ___	S ___ U ___ NA ___
Wheels Chocked	S ___ U ___ NA ___	S ___ U ___ NA ___
Other	S ___ U ___ NA ___	S ___ U ___ NA ___

B. Body Use, Movement & Position

	JSA #1	JSA #2
Pinch Point	S ___ U ___ NA ___	S ___ U ___ NA ___
Load Close to Body	S ___ U ___ NA ___	S ___ U ___ NA ___
Push, Don't Pull	S ___ U ___ NA ___	S ___ U ___ NA ___
Move, Don't Reach	S ___ U ___ NA ___	S ___ U ___ NA ___
Squat, Don't Bend	S ___ U ___ NA ___	S ___ U ___ NA ___
Turn, Don't Twist	S ___ U ___ NA ___	S ___ U ___ NA ___
Clear of Suspended Loads	S ___ U ___ NA ___	S ___ U ___ NA ___
Standing under Workers Aloft Unnecessarily	S ___ U ___ NA ___	S ___ U ___ NA ___
Clear of Excavating/Operating Equipment	S ___ U ___ NA ___	S ___ U ___ NA ___
Working above Floor of Basket	S ___ U ___ NA ___	S ___ U ___ NA ___
3-pt. Contact	S ___ U ___ NA ___	S ___ U ___ NA ___
Other	S ___ U ___ NA ___	S ___ U ___ NA ___

E. Policy & Procedures

	JSA #1	JSA #2
Proper Apparel	S ___ U ___ NA ___	S ___ U ___ NA ___
Jewelry	S ___ U ___ NA ___	S ___ U ___ NA ___
Proper Tool	S ___ U ___ NA ___	S ___ U ___ NA ___
Job Briefing	S ___ U ___ NA ___	S ___ U ___ NA ___
Compressed Gas Storage	S ___ U ___ NA ___	S ___ U ___ NA ___
Confined Space Entry	S ___ U ___ NA ___	S ___ U ___ NA ___
Trenches Sloped/Shored	S ___ U ___ NA ___	S ___ U ___ NA ___
WPA	S ___ U ___ NA ___	S ___ U ___ NA ___
Test for Voltage	S ___ U ___ NA ___	S ___ U ___ NA ___
Grounding De-energized	S ___ U ___ NA ___	S ___ U ___ NA ___
Grounding of Trucks/Equipment	S ___ U ___ NA ___	S ___ U ___ NA ___
Proper Use of Cover-up Equipment	S ___ U ___ NA ___	S ___ U ___ NA ___
Proper Use of Handline	S ___ U ___ NA ___	S ___ U ___ NA ___
Tossing/Dropping Equipment	S ___ U ___ NA ___	S ___ U ___ NA ___
Proper Use and Care of Live-Line Tools	S ___ U ___ NA ___	S ___ U ___ NA ___
Proper Use of Ladders	S ___ U ___ NA ___	S ___ U ___ NA ___
Aerial Lifts	S ___ U ___ NA ___	S ___ U ___ NA ___
Fire Protection	S ___ U ___ NA ___	S ___ U ___ NA ___
Personal Voltage Device	S ___ U ___ NA ___	S ___ U ___ NA ___
On-going Crew Communication	S ___ U ___ NA ___	S ___ U ___ NA ___
Emergency Contact Numbers	S ___ U ___ NA ___	S ___ U ___ NA ___
Work Zone Traffic Prot.	S ___ U ___ NA ___	S ___ U ___ NA ___
Other	S ___ U ___ NA ___	S ___ U ___ NA ___

C. Housekeeping

	JSA #1	JSA #2
Flam. Liquid Storage	S ___ U ___ NA ___	S ___ U ___ NA ___
Vehicles/Equipment	S ___ U ___ NA ___	S ___ U ___ NA ___
Working Areas Clear of Debris/Material	S ___ U ___ NA ___	S ___ U ___ NA ___
Site Access	S ___ U ___ NA ___	S ___ U ___ NA ___
Opening Protection	S ___ U ___ NA ___	S ___ U ___ NA ___
Other	S ___ U ___ NA ___	S ___ U ___ NA ___

Attach separate sheet if further remarks are needed.

Remarks	JSA #1	
	JSA #2	

Review: _____
 Contractor Supervisor: _____ Date: _____

Ameren Missouri Supervisor: _____ Date: _____