



# Vegetation Management Job Site Audit Card

## Job Site 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 _____, _____ am/pm _____			
JSA #2 GF _____, Contractor: _____, Dist/Div _____, _____ am/pm _____			

A. PPE	JSA #1	JSA #2
Hard Hats	S ___ U ___	S ___ U ___
Safety Glasses	S ___ U ___	S ___ U ___
Face Protection	S ___ U ___	S ___ U ___
Gloves	S ___ U ___	S ___ U ___
Fall Protection	S ___ U ___	S ___ U ___
Leg Chaps	S ___ U ___	S ___ U ___
Hearing Protection	S ___ U ___	S ___ U ___
Foot Protection	S ___ U ___	S ___ U ___
Hi-Vis Protection	S ___ U ___	S ___ U ___
B. ERGONOMICS AND POSITIONING	JSA #1	JSA #2
Carry Load Close to Body	S ___ U ___	S ___ U ___
Move, Don't Reach	S ___ U ___	S ___ U ___
Two Person Lift	S ___ U ___	S ___ U ___
Turn, Don't Twist	S ___ U ___	S ___ U ___
Clear of Suspended Loads	S ___ U ___	S ___ U ___
Standing under Workers Aloft Unnecessarily	S ___ U ___	S ___ U ___
3 pt. contact for equipment	S ___ U ___	S ___ U ___
C. HOUSEKEEPING	JSA #1	JSA #2
Flam. Liquid Storage	S ___ U ___	S ___ U ___
Vehicle/Equipment Cab Clean	S ___ U ___	S ___ U ___
Fire Extinguisher	S ___ U ___	S ___ U ___
Other	S ___ U ___	S ___ U ___

D. VEHICLE/EQUIPMENT USE	JSA #1	JSA #2
Seat Belts	S ___ U ___	S ___ U ___
Wheels Chocked	S ___ U ___	S ___ U ___
Backing/Equipment Clearance/Spotter	S ___ U ___	S ___ U ___
Outrigger Placement	S ___ U ___	S ___ U ___
Emergency Brake	S ___ U ___	S ___ U ___
Boom/Equipment Secure	S ___ U ___	S ___ U ___
2 Hands on Chain Saw	S ___ U ___	S ___ U ___
No Keys in Ignition	S ___ U ___	S ___ U ___
Aerial Boom not over traffic lane	S ___ U ___	S ___ U ___
Chipper operator in safe position	S ___ U ___	S ___ U ___
Body parts outside feed table	S ___ U ___	S ___ U ___
ATAB/Jarraff/Mower not closer than 10' from pole/down guys	S ___ U ___	S ___ U ___
E. POLICY & PROCEDURES	JSA #1	JSA #2
Proper Apparel	S ___ U ___	S ___ U ___
Jewelry	S ___ U ___	S ___ U ___
Limb Control	S ___ U ___	S ___ U ___
Job Briefing	S ___ U ___	S ___ U ___
Identify/mark hazards	S ___ U ___	S ___ U ___
Escape Route	S ___ U ___	S ___ U ___
Work Zone Traffic Control/Prot.	S ___ U ___	S ___ U ___
2-pt tie-in using chainsaw	S ___ U ___	S ___ U ___
Minimum Working Dist.	S ___ U ___	S ___ U ___
Proper Use of Ladders	S ___ U ___	S ___ U ___
On-going Crew Communication	S ___ U ___	S ___ U ___
Location of Jobsite	S ___ U ___	S ___ U ___

Crew #: \_\_\_\_\_ Truck #: \_\_\_\_\_ Foreman Name: \_\_\_\_\_

**Equipment** \_\_\_\_\_ **Crew Activity Upon Arrival:**

Lift Dump \_\_\_\_\_ Foreman \_\_\_\_\_

Truck \_\_\_\_\_

Chipper \_\_\_\_\_ Trimmer \_\_\_\_\_

Saws \_\_\_\_\_ Groundman \_\_\_\_\_

Other \_\_\_\_\_ Flagman/Other \_\_\_\_\_

**No. of employees wearing PowerSafe Sticker: \_\_\_\_\_**

Crew #: \_\_\_\_\_ Truck #: \_\_\_\_\_ Foreman Name: \_\_\_\_\_

**Equipment** \_\_\_\_\_ **Crew Activity Upon Arrival:**

Lift Dump \_\_\_\_\_ Foreman \_\_\_\_\_

Truck \_\_\_\_\_

Chipper \_\_\_\_\_ Trimmer \_\_\_\_\_

Saws \_\_\_\_\_ Groundman \_\_\_\_\_

Other \_\_\_\_\_ Flagman/Other \_\_\_\_\_

**No. of employees wearing PowerSafe Sticker: \_\_\_\_\_**

Reviewed: \_\_\_\_\_  
 General Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

Ameren Missouri Vegetation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Notes</b>	JSA #1	
	JSA #2	

Use separate sheet of paper for additional information.