



Invasive Work
RAM Score _____

GBR Job Safety Analysis

Permit # _____

JSA Writer:	Area:	Unit:	Date:	Days / Nights
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Job Task / Objective / Equip. #:

Does a procedure exist for this task?	Yes	No	Procedure #:
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Permitting & LOTO Needs

Operations Work Incidental needed?	Yes	No	For Ops JSAs Shift Supervisor Signature:
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Explain the OWI task: **Consider Pipe Support Needs. Worker Abilities. Tools. Electrical.*

Permit Required for task?	Yes	No	LOTO required for this task?	Yes	No
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Additional Forms Required for task?	Yes	No	LOTO verified de-energized?	Yes	No
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Equipment Preparation Needs

Steam Out	Yes	No	Hose Type and Fittings needed / Hoses in Compliance?		
Nitrogen	Yes	No			
Flaring / Pump Out	Yes	No	Can Process be drained / cleaned out to closed system?	Yes	No
Sewers	Yes	No	Gun Drill Needed for Equipment Taken Out of Service?	Yes	No
Frac Tank	Yes	No	Tools Needed:	How Will We Ensure Root Isolations Hold?	
JLG/Mobile Equipment	Yes	No			
Vac Truck	Yes	No			
Chemical Cleaning	Yes	No			
			Gas Testing	Yes	No

Emergency Action Plan

Safety Shower / Eye Wash Available?	Yes	No	Evacuation Route Discussed:	Yes	No
Upstream / Downstream Unit impact?	Yes	No	Wind Direction:		
Fire Extinguisher Available / Needed?	Yes	No	Adjacent Work Discussed:	Yes	No
Area Barricade Needed?	Yes	No	Consider the permitter of barricade needed		

**Chemical / H2S exposure requires egress from the area as soon as possible and docking H2S Monitor.*

Respiratory Hazard Assessment

H2S Expected in System?	Yes	No	<input type="checkbox"/> <10ppm	<input type="checkbox"/> >10ppm	
Benzene Expected in System?	Yes	No	<input type="checkbox"/> 1-10ppm	<input type="checkbox"/> 10-50ppm	<input type="checkbox"/> >50ppm
Other Respiratory Hazards?	Yes	No	Exposure Level? _____ ppm		
Break Containment / Bleeder opening?	Yes	No	Half Mask Required?	Yes	No
SCBA Required?	Yes	No	Airline & Bottle Watch Required?	Yes	No

Note: List the steps where fresh air is required in the Work Steps and mitigations/ Safeguards section of JSA. Explain the mitigations to prevent chemical exposures if the hazard identified met the minimum requirements for respiratory protection. Example: H2S >10ppm and Benzene >1 ppm require respiratory protection. If other methods besides PPE are chosen document those as well. *Remember to remove H2S monitor for fresh air use and consider a back-up.*

Energized Parts/Electrical

De-energized Equipment and LOTO	Yes	No	If no document mitigations in evaluation section		
Arc Flash PPE (Electricians)	Yes	No			
Isolate damaged conduit / exposed wires	Yes	No	N/A		

Authorization to Stop Work

As an employee or contractor of GBR **YOU** have the authorization, without fear of reprimand or reprisal, to immediately **STOP** any work activity that presents a danger to you, a co-worker, or the public; get involve, question and assist in rectifying any situation that is identified as not being in compliance with GBR safety and health policies; to report any unsafe conditions or acts to GBR supervision and to question any activity that you believe may violate an established Safety and Health policy.

General Hazard Assessment

Potential Hazards:	Mitigations / Controls / Safeguards		
Hot Surfaces / Live Equipment?	Yes	No	Physical Barriers. Loose Clothing. Temp Insulation. Body Position
Corrosive Materials?	Yes	No	Chemical Goggles. Face Shield. Splash & Respiratory Protection.
Flammable Materials?	Yes	No	LEL Testing. Extenguishers. Isolation Holding. Equipment Prepared
Tripping/Grating removal/Heights?	Yes	No	HSP. Grating Removal Form. Harness & SRL. Scaffold. JLG.
Overhead work / Falling Objects?	Yes	No	Barricades with Tags. Spotters. Tethering. Canvas Tool Bag.
MAWP of equip. can be exceeded?	Yes	No	Utility usage needs. Venting. Draining. Equip Condition S-25
Simultaneous Work Nearby?	Yes	No	Permitted Work. Time of activity. Communication.
Hand Injury / Pinch Points?	Yes	No	Gloves. Hand Placement. Tag Lines. Awareness of Surroundings
Rotating Equipment Nearby?	Yes	No	Machine Guarding. Shirts Tucked in. No Loose Clothing or Lanyards.
Bad Access / Egress to Work Area?	Yes	No	Adequate Work Platform. HSP. Portable Ladder Inspected. Scaffold.
Weather Related Hazards?	Yes	No	Timing of Work. Frequent Breaks. Water available. Communication.
Hose Usage / Failure	Yes	No	Proper Hose. Inspection. Fittings. Connections. Check Valve.

Evaluate Anything Not Covered on Front or General Hazard Assessment

Major Steps in Task	Potential Hazards	Mitigations / Safeguards Required

Crew Signatures of Acknowledgement

By signing this section I have reviewed and understand the Job Task, Potential Hazards and Recommended Actions or Procedures to Eliminate or Mitigate the Hazards. I also acknowledge that I have properly logged into the process area (if applicable) to help mitigate the hazard of locating me in an emergency.

Sign On	Sign On	Sign On	Sign On

Post Task Follow Up

Follow Up Post Task: Document what went well and opportunities to improve upon this JSA.

Were all hazards identified?	Yes	No	Is the task complete as planned?	Yes	No
Were mitigations appropriate?	Yes	No	Were there any exposures / injuries?	Yes	No

Document missed opportunity or what went particularly well: