

EJUS Jobsite Safety Audit

Jobsite 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 Foreman _____, Type _____, Dist/Div _____,	_____	_____	_____
JSA #2 Foreman _____, Type _____, Dist/Div _____,	_____	_____	_____
JSA #3 Foreman _____, Type _____, Dist/Div _____,	_____	_____	_____

A. PERSONAL PROTECTIVE EQUIPMENT

	JSA #1	JSA #2	JSA #3
Hard Hats	S ___ U ___	S ___ U ___	S ___ U ___
Safety Glasses	S ___ U ___	S ___ U ___	S ___ U ___
Face Protection	S ___ U ___	S ___ U ___	S ___ U ___
Rubber Gloves	S ___ U ___	S ___ U ___	S ___ U ___
Rubber Boots	S ___ U ___	S ___ U ___	S ___ U ___
Hearing Protection	S ___ U ___	S ___ U ___	S ___ U ___
Foot Protection	S ___ U ___	S ___ U ___	S ___ U ___
Hi Vis Clothing	S ___ U ___	S ___ U ___	S ___ U ___
Other	S ___ U ___	S ___ U ___	S ___ U ___

D. VEHICLE/EQUIPMENT USE

	JSA #1	JSA #2	JSA #3
Seat Belts	S ___ U ___	S ___ U ___	S ___ U ___
Cones Properly Set	S ___ U ___	S ___ U ___	S ___ U ___
Vehicle Safely Parked	S ___ U ___	S ___ U ___	S ___ U ___
Ameren Missouri	S ___ U ___	S ___ U ___	S ___ U ___
Contact Sign	S ___ U ___	S ___ U ___	S ___ U ___
Backing/Equip Spotter	S ___ U ___	S ___ U ___	S ___ U ___
Load Secure	S ___ U ___	S ___ U ___	S ___ U ___
Emergency/Trailer	S ___ U ___	S ___ U ___	S ___ U ___
Brake	S ___ U ___	S ___ U ___	S ___ U ___
Keys in ignition	S ___ U ___	S ___ U ___	S ___ U ___
Trailer hitch/chains	S ___ U ___	S ___ U ___	S ___ U ___
Vehicle safety lights	S ___ U ___	S ___ U ___	S ___ U ___
Other	S ___ U ___	S ___ U ___	S ___ U ___

B. BODY USE, MOVEMENT & POSITION

	JSA #1	JSA #2	JSA #3
Lifting	S ___ U ___	S ___ U ___	S ___ U ___
Push, Don't Pull	S ___ U ___	S ___ U ___	S ___ U ___
Move, Don't Reach	S ___ U ___	S ___ U ___	S ___ U ___
Squat, Don't Bend	S ___ U ___	S ___ U ___	S ___ U ___
Turn, Don't Twist	S ___ U ___	S ___ U ___	S ___ U ___
Other	S ___ U ___	S ___ U ___	S ___ U ___

C. HOUSEKEEPING

	JSA #1	JSA #2	JSA #3
Vehicles/Equipment	S ___ U ___	S ___ U ___	S ___ U ___
Clean	S ___ U ___	S ___ U ___	S ___ U ___
Working Areas Clear of Debris/Material	S ___ U ___	S ___ U ___	S ___ U ___
Other	S ___ U ___	S ___ U ___	S ___ U ___

E. POLICY & PROCEDURES

	JSA #1	JSA #2	JSA #3
Proper Apparel	S ___ U ___	S ___ U ___	S ___ U ___
Jewelry	S ___ U ___	S ___ U ___	S ___ U ___
Employee I.D.	S ___ U ___	S ___ U ___	S ___ U ___
Proper Tool	S ___ U ___	S ___ U ___	S ___ U ___
Cell Phone	S ___ U ___	S ___ U ___	S ___ U ___
Job Briefing	S ___ U ___	S ___ U ___	S ___ U ___
Test for Voltage	S ___ U ___	S ___ U ___	S ___ U ___
Escape Route	S ___ U ___	S ___ U ___	S ___ U ___
Work Zone Traffic Contr.	S ___ U ___	S ___ U ___	S ___ U ___
On-going Crew Member Communication	S ___ U ___	S ___ U ___	S ___ U ___
Minimum Approach Dist.	S ___ U ___	S ___ U ___	S ___ U ___
PowerSafe Stickers	S ___ U ___	S ___ U ___	S ___ U ___
Other	S ___ U ___	S ___ U ___	S ___ U ___

Attach separate sheet if further remarks are needed.

Remarks	JSA #1	
	JSA #2	
	JSA #3	

Reviewed:

Contractor Supervisor/Manager: _____ Date: _____

Ameren Missouri Construction Supervisor: _____ Date: _____