

CHPRC TASK-SPECIFIC JOB SAFETY ANALYSIS (K-3 JSA)		Date:
Prepared By:	Co. Name:	
Project No.:	Task Order/Contract No.:	
Bldg.:	Area:	
<u>Primary</u>	<u>Project Safety</u>	
Emergency Contact Person(s):		
Emergency Radio/Phone No.:		
APPROVAL		
_____	_____	
Supervision	Contractor Project Safety	
_____	_____	
Contractor Industrial Hygiene	Project S & H Oversight	
Work Scope/Description:		
Specific Work Location:		
Special Requirements for Known Hazard: (Identify each hazard and specify controls)		
Complete this Part for first-time work evolution, or when initiating changes to the work scope/work plan.		
Will additional in-task supervision be required? Check YES or NO		
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		

Supervisory Determination Made By (Print Name/ Sign and Date)		