

| Format No: ER 5/10– F2, JOB SAFETY ANALYSIS (JSA), IB THERMAL POWER STATION, OPGC | | | | | | | |
|---|--|--|-----------------------------------|---|--|---|--------------|
| Serial No. | Department | Equipment | Location | Job description: | | | |
| | Facility Management | ITPS colony | ITPS colony | Floor Tile Work for C-type qrts at ITPS | | | |
| JSA performed by: | Signature | Reviewed & Approved by | Signature | Date of Issue | Date of revision | | Revision No- |
| | | | | | | | |
| HAZARD TEXT/TYPE (For reference to identify the Hazard type) | | | | | | | |
| PHYSICAL HAZARDS | PHYSICAL HAZARDS | PHYSICAL HAZARDS | ELECTRICAL HAZARDS | CHEMICAL/ GAS HAZARDS | EXCAVATION | OTHERS | |
| Noise | Fall from height | Force (Push/Pull) | Shock/ Electrocuton | Flammable/ Explosive substances | Collapse/Sliding | Fire | |
| Radiation | Fall (Slip/Trip) | Caught in/on or between | Static electricity | Inhalation of toxic fumes | Underground live cable damage | Heavy Wind/Rain | |
| Confined space | Fall down/below | Struck by/against | Arcflash/ blast | Ingestion/Absorption | ERGONOMICS | Dust exposure | |
| Exposure to pressurised Steam/Air | Fall of Objects from height | Extreme weather (Hot/Cold) | BIOLOGICAL HAZARDS | Body/Eye Contact | Poor Posture | Oil spill | |
| Contact with Hot surface | Contact with moving parts | Poor illumination | Snake/Insect bite/Virus infection | Spillage | Repeatative motion | Human factor | |
| PPEs to be used | Safety shoes, hand gloves ,safety helmet, Nose mask, Ear plug/muff, Safety goggles, reflective vest, etc. | | | | | | |
| Tools required | Hoe, pick axe, spade, digging bar, measuring box, head pan, masonry trowel, circular saw, float, ladder, line and pins, measuring box, measuring tape, plumb bob, sand screen, spade, spirit level, tile cutter, wheel barrow, hand saw, | | | | | | |
| Important Note- While deciding hazard control measures, consider hierarchy of hazard control steps in order of preference. | | | | | | | |
| SEQUENCE OF BASIC STEPS | SAFETY, HEALTH & ENVIROMENT HAZARDS | SAFE JOB STEPS / HAZARD CONTROL MEASURES | | | | Are control Measures adequate to mitigate the risk (Yes/No) | |
| | | Elimination/ Substitution | Engineering | Administrative | PPE | | |
| Dismantling Removing of cement concrete / Flooring/ Cement Plaster | Body injury (Slip/trip) | | | Have a 360 degree vision and be alert about the area of work. Use proper and healthy tools. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |
| | Body eye conact/ hand injury | | | Engage inline experienced work person, Use healthy and tested Tools. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |
| | Poor Posture | | | Take Rest in between the job. Do not overstrech your body. Keep in mind about your body limits. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |
| Removing of construction debris. | Body injury (Slip/trip) | | | Have a 360 degree vision and be alert about the area of work. Use proper and healthy tools. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |
| | Body eye conact/ hand injury | | | Engage inline experienced work person, Use healthy and tested Tools.Use safety goggles to avoid any foreign material to go inside your eye. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |
| | Dust/Ash/fumes | | | Keep dust/fume mask with you. Use wherever needed.Check, whether the filters of the mask are clean before using. Use clean masks. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |
| | Falling of Object from height | | | Proper supervision to be done, restrict unauthorized entry to the workplace. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | |

| SEQUENCE OF BASIC STEPS | SAFETY, HEALTH & ENVIROMENT HAZARDS | SAFE JOB STEPS / HAZARD CONTROL MEASURES | | | | Are control Measures adequate to mitigate the risk (Yes/No) | | | | | | | | | | | |
|--|--|---|-------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| | | Elimination/ Substitution | Engineering | Administrative | PPE | | | | | | | | | | | | |
| | Poor Posture | | | Take Rest in between the job. Do not overstrech your body. Keep in mind about your body limits. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | | | | | | | | | | | |
| Tile work | Body injury (Slip/trip) | | | Have a 360 degree vision and be alert about the area of work. Use proper and healthy tools. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff, gum boots. | Yes | | | | | | | | | | | |
| | Body eye conact/ hand injury | | | Engage inline experienced work person, Use healthy and tested Tools. Use rubber hand gloves to avoid direct contact with cement. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff, gum boots. | Yes | | | | | | | | | | | |
| | Poor Posture | | | Take Rest in between the job. Do not overstrech your body. Keep in mind about your body limits. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff, gum boots. | Yes | | | | | | | | | | | |
| | Falling of Object from height | | | Proper supervision to be done during transportation, stacking and fixing of paver blocks. | Safety shoes, hand gloves ,safety helmet, safety goggles, nose mask, ear plug/muff | Yes | | | | | | | | | | | |
| Emergency Safety Measures (Rescue/Fire Brigade etc): | | Emergency Contacts-Main Control Room- 222, 233,244, Fire- 777, 222257, Ambulance- 248/337, Hospital-666 | | | | | | | | | | | | | | | |
| Overall Job Risk Category- | HIGH | | | | | | | | | | | | | | | | |
| JSA Review during PJB: | | | | | | | | | | | | | | | | | |
| Pre Job Briefing (PJB) is applicable to all persons involved with the task. | | | | | | | | | | | | | | | | | |
| Pre Job Briefing (PJB) Acknowledgement: I undertake that the JSA is communicated to me effectively | | | | | | | | | | | | | | | | | |
| Name | Agency's name | Signature | | | | | | | | | | | | | | | |
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