

DuPont FS&RE Job Safety Analysis					
Post Completed Copy of this Form at Job Site					
If still in effect after 7 days, this JSA shall be reviewed and updated					
Author	Kevin Frazee (JCI)				
Job Title	CHILLER #7 GEAR OIL PRESSURE SERVICE			Site Security All Emergencies	302-695-3131
Location	Powerhouse – E315	Work Order #		Contract Order #	
Start Date	05/29/2018	Completion Date		Rally point	E315 West Side Parking Lot
Company	Johnson Controls	Job Lead	Kevin Frazee	Phone	302-353-0315
Building Contact	Raul Cozza	Location	Powerhouse E315 / 204	Phone	302-695-7842
Safety Resource	Anita Sargable	Phone	302-695-3728	Cell Phone	302-250-1293
Reviewed By		Phone		Cell Phone	

Scope of Work / Job Description	
Attached Sketch or Diagram of Work if Required (If at any time the scope of work changes, a new or revised JSA is required)	
<input type="checkbox"/> Shutdown Chiller #7 <input type="checkbox"/> Run Aux. Gear Oil Pump. Record Pressure Drop of Current Oil Filter <input type="checkbox"/> Switch to Backup Filter and Record Pressure Drop <input type="checkbox"/> Record Gear Oil Supply Pressure <input type="checkbox"/> Adjust Oil Pressure Regulating Valves as needed to maintain Design Supply Pressure <input type="checkbox"/> Restart Chiller and Verify Proper Operation	

Specialty Tools and Equipment Required	
Basic Hand Tools	

General Conditions and Safety Review			
<input checked="" type="checkbox"/> Contractor Safety handbook available	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Respectful work environment	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Incident Reporting/Injury Mgt.	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Hand Safety	<input type="checkbox"/> N/A
<input type="checkbox"/> Barricading Work Areas	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Vehicular Safety	<input type="checkbox"/> N/A
<input type="checkbox"/> Material Delivery	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ladders and Scaffolds	<input type="checkbox"/> N/A
<input type="checkbox"/> Smoking	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Spills	<input type="checkbox"/> N/A
<input type="checkbox"/> Refrigerant certification records for HVAC technicians and SUVA awareness in mechanical rooms			<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other <input type="checkbox"/> N/A			

Personal Protective Equipment			
<input type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Safety glasses	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Hearing protection	<input type="checkbox"/> N/A	<input type="checkbox"/> Fall protection	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Goggles	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Hot suit	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> GFCI	<input type="checkbox"/> N/A	<input type="checkbox"/> Face shield	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Chemical suit	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Tyvek® suit	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> N/A
		<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> N/A
		<input type="checkbox"/> Respirator	<input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> Arc flash protection	<input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> Cut-off box	<input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> Welding & Burning	<input checked="" type="checkbox"/> N/A

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Hazards Identified	Hazard Elimination or Control	Detail for Hazard Elimination/Control
<input type="checkbox"/> Electrical	<input type="checkbox"/> N/A	<input type="checkbox"/> Lock-out plan <input type="checkbox"/> Line break Local Electrical Lockout (Aux. Oil Pump, if needed)
<input type="checkbox"/> Potential to find Chemical hazards	<input type="checkbox"/> N/A	<input type="checkbox"/> Lock-out plan <input type="checkbox"/> Line break <input type="checkbox"/> Inspect Area
<input type="checkbox"/> Utility interruption	<input type="checkbox"/> N/A	<input type="checkbox"/> Shut-down of building services
<input type="checkbox"/> Electrically Hazardous Task	<input type="checkbox"/> N/A	<input type="checkbox"/> Limited <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited
<input type="checkbox"/> Electrically Classified Area	<input type="checkbox"/> N/A	<input type="checkbox"/> Flame/hot work Permit <input type="checkbox"/> Air Monitoring
<input type="checkbox"/> Asbestos, NARF's, lead	<input type="checkbox"/> N/A	<input type="checkbox"/> NESHAPS (DES)
<input type="checkbox"/> Explosive Atmospheres	<input type="checkbox"/> N/A	<input type="checkbox"/> Flame/hot work Permit <input type="checkbox"/> Air Monitoring
<input type="checkbox"/> Respiratory irritants	<input type="checkbox"/> N/A	<input type="checkbox"/> Respirators
<input type="checkbox"/> Welding, Burning, Soldering, Dust	<input type="checkbox"/> N/A	<input type="checkbox"/> Flame/hot work Permit <input type="checkbox"/> Life Safety Impairment
<input type="checkbox"/> Confined space	<input type="checkbox"/> N/A	<input type="checkbox"/> Permit Required <input type="checkbox"/> Non-Permit Required
<input type="checkbox"/> Trenching, digging, wall penetrations	<input type="checkbox"/> N/A	<input type="checkbox"/> Excavation permit <input type="checkbox"/> Shoring
<input type="checkbox"/> Contaminated equipment	<input type="checkbox"/> N/A	<input type="checkbox"/> Release Tag
<input type="checkbox"/> Working on roofs	<input type="checkbox"/> N/A	<input type="checkbox"/> Roof entry <input type="checkbox"/> Fall protection
<input type="checkbox"/> Rigging work, hoisting	<input type="checkbox"/> N/A	<input type="checkbox"/> Equip. Inspection <input type="checkbox"/> Lift plan
<input type="checkbox"/> Working in parking lots, roadways, etc.	<input type="checkbox"/> N/A	<input type="checkbox"/> Containment High <input type="checkbox"/> Visibility Clothing
<input type="checkbox"/> Indoor Air Quality (Paint, Adhesives, Odors)	<input type="checkbox"/> N/A	<input type="checkbox"/> After Hour Work <input type="checkbox"/> Proper Ventilation
<input type="checkbox"/> PSM, animal or food grade areas	<input type="checkbox"/> N/A	<input type="checkbox"/> Orientation required <input type="checkbox"/> Special Training
<input type="checkbox"/> Elevated Work	<input type="checkbox"/> N/A	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Fall Prevention LADDERS TIED OFF
<input type="checkbox"/> Work above ceilings	<input type="checkbox"/> N/A	<input type="checkbox"/> Hard Hats <input type="checkbox"/> Goggles
<input type="checkbox"/> Slips, Trips and Falls	<input type="checkbox"/> N/A	<input type="checkbox"/> Good housekeeping
<input type="checkbox"/> Spills	<input type="checkbox"/> N/A	<input type="checkbox"/> Report all Spills to Security
<input type="checkbox"/> Other	<input type="checkbox"/> N/A	<input type="checkbox"/> Lock-out plan <input type="checkbox"/> Line break <input type="checkbox"/> Inspect Area

Applicable Permits & Procedures

<input type="checkbox"/> Lock, Tag, Clear and Try	<input type="checkbox"/> N/A	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> N/A	<input type="checkbox"/> Line Break	<input type="checkbox"/> N/A	<input type="checkbox"/> Fall Prevention	<input type="checkbox"/> N/A
<input type="checkbox"/> Work Permit (JSA)	<input type="checkbox"/> N/A	<input type="checkbox"/> Electrical Shutdown	<input type="checkbox"/> N/A	<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> N/A	<input type="checkbox"/> Crane Permit	<input type="checkbox"/> N/A
<input type="checkbox"/> Wall / Floor Penetration Permit	<input type="checkbox"/> N/A	<input type="checkbox"/> Transfer of Equip. Proprietorship	<input type="checkbox"/> N/A	<input type="checkbox"/> Excavation Permit	<input type="checkbox"/> N/A	<input type="checkbox"/> Roof Entry	<input type="checkbox"/> N/A
<input type="checkbox"/> Decontamination of Equipment	<input type="checkbox"/> N/A	<input type="checkbox"/> Life Safety / Fire Protection Shutdown	<input type="checkbox"/> N/A	<input type="checkbox"/> Change of Design	<input type="checkbox"/> N/A	<input type="checkbox"/> NESHAPS	<input type="checkbox"/> N/A
<input type="checkbox"/> Other Permits / Procedures	<input type="checkbox"/> N/A						

Employees on the Job

Everyone working within the scope of this JSA must read and sign here before starting work. Attach additional sheets if necessary.

Name	Date	Name	Date	Name	Date
1) KEVIN FRAZE		4)		7)	
2)		5)		8)	
3)		6)		9)	