



## Moderate Risk Job Safety Analysis

This form must be completed by the contractor and submitted to the Project Specialist (PS)/Technical Representative for approval prior to work commencement. In addition, this form must be maintained at the site where work is being performed. The scope of work and all MSDSs must be attached to this JSA before it may be reviewed and signed as reviewed.

Project/Job Title \_\_\_\_\_

Contract Number \_\_\_\_\_ Building/Area \_\_\_\_\_

Contractor		Argonne	
Contractor	_____	Project Specialist/ Technical Rep	_____
Project Manager	_____	Phone No.	_____
Phone No.	_____	Alternative No.	_____
Alternative No.	_____	Div. ES&H Coordinator	_____
Foreman	_____	Phone No.	_____
Phone No.	_____	Alternative No.	_____
Alternative No.	_____	Other	_____
ESH Rep.	_____		_____
Phone No.	_____		_____
Alternative No.	_____		_____
Contractor-Designated Competent Person		Argonne Reviewers	
Discipline	_____	Project Specialist/Technical Representative	Date
Employee Name	_____	Division ES&H Coordinator	Date
Discipline	_____	Optional SME Reviewers	
Employee Name	_____	SME (as needed)	Date
		SME (as needed)	Date
		SME (as needed)	Date
		SME (as needed)	Date