|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JOB/TASK NAME: | | | | PAGE\_\_\_\_OF\_\_\_\_ | | DATE: | NEW REVISED |
| EMPLOYEE(S)/POSITION(S) PERFORMING THE JOB: | | | | SUPERVISOR(S): | | ANALYSIS BY: | |
| PLANT/LOCATION: | | DEPARTMENT(S): | | SHIFT (if applicable): | | APPROVED BY: | |
| PERSONAL PROTECTIVE EQUIPMENT: | | | | | | | |
| TRAINING REQUIREMENTS: | | | | | | | |
| JOB STEPS | | | POTENTIAL HAZARDS | | ACTION/PROCEDURE TO CONTROL OR ELIMINATE | | |
| 1 |  | |  | |  | | |
| 2 |  | |  | |  | | |
| 3 |  | |  | |  | | |
| 4 |  | |  | |  | | |
| 5 |  | |  | |  | | |



Job Safety Analysis Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| JOB/TASK NAME:  ***Fill in the name of the job or task being analyzed*** | | | | PAGE\_\_\_\_OF\_\_\_\_  ***Indicate what page of the form this is*** | | DATE:  ***Fill in the date here*** | NEW REVISED |
| EMPLOYEE(S)/POSITION(S) PERFORMING THE JOB:  ***Fill in the applicable name(s)/position(s) performing the job*** | | | | SUPERVISOR(S):  ***Put the names of the supervisor on the job*** | | ANALYSIS BY:  ***Indicate name of person/group performing the JSA*** | |
| PLANT/LOCATION:  ***Indicate the name and location*** | | DEPARTMENT(S):  ***Indicate name of department(s) in which job is performed*** | | SHIFT (if applicable):  ***Fill in the shift the job is performed on, if applicable*** | | APPROVED BY:  ***Indicate the name of person who approves JSA*** | |
| PERSONAL PROTECTIVE EQUIPMENT:  ***Indicate PPE required to be used when performing this job*** | | | | | | | |
| TRAINING REQUIREMENTS:  ***Indicate what safety trainings need to be completed before performing this job*** | | | | | | | |
| JOB STEPS | | | POTENTIAL HAZARDS | | ACTION/PROCEDURE TO CONTROL OR ELIMINATE | | |
| 1 | ***Fill in the job step*** | | ***Fill in potential hazards associated with this step*** | | ***Fill in any actions or procedures that can be used to control or eliminate this hazard*** | | |
| 2 | ***“*** | | ***“*** | | ***“*** | | |

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Job Safety Analysis Form