

# Job Safety Analysis Form

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