

# Job Safety Analysis Form

JOB/TASK NAME:		PAGE ____ OF ____	DATE: <input type="checkbox"/> New <input type="checkbox"/> 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			

6			
7			

# Job Safety Analysis Form

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