|  |  |  |  |
| --- | --- | --- | --- |
| 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

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| --- | --- | --- | --- |
| 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