

Job Safety Analysis Form

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|---|----------------|------------------------|--|--|
| 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 | | | | |
| 4 | | | | |
| 5 | | | | |

Job Safety Analysis Form

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| 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 | <input type="checkbox"/> NEW <input type="checkbox"/> 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 | “ | “ | “ | |