

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				
4				
5				

Job Safety Analysis Form

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	“	“	“	